

# Enrollment Workgroup

August 24, 2010

## Presentation

### **Judy Sparrow – Office of the National Coordinator – Executive Director**

Thank you very much, and good morning, and welcome, everybody, to the enrollment workgroup. This is a federal advisory committee, so there will be opportunity at the end of the meeting for the public to make comment, and just a reminder for workgroup members to please identify yourselves when speaking. Let me do a quick roll call. Sam Karp?

### **Sam Karp – California HealthCare Foundation – Chief Program Officer**

Here.

### **Judy Sparrow – Office of the National Coordinator – Executive Director**

Paul Eggerman?

### **Paul Eggerman – eScription – CEO**

Here.

### **Judy Sparrow – Office of the National Coordinator – Executive Director**

Cris Ross? Jim Borland?

### **Jim Borland – SSA – Special Advisor for Health IT, Office of the Commissioner**

I'm here, Judy.

### **Judy Sparrow – Office of the National Coordinator – Executive Director**

Jessica Shahin?

### **Lynn Jordan – USDA – Management Analyst, Food & Nutrition Service**

This is Lynn Jordan. I'm attending for Jessica.

### **Judy Sparrow – Office of the National Coordinator – Executive Director**

Thanks, Lynn. Stacy Dean? Steve Fletcher?

### **Steve Fletcher – State of Utah – Chief Information Officer**

Here.

### **Judy Sparrow – Office of the National Coordinator – Executive Director**

Reed Tuckson cannot make it. Thomas Badin? Ronan Rooney? Rob Restuccia?

### **Sue Kaufman – Urban Medical Group – Executive Director**

This is Sue Kaufman attending for Rob Restuccia.

### **Judy Sparrow – Office of the National Coordinator – Executive Director**

Thanks, Sue. Ray Baxter can't make it. Deborah Bachrach?

### **Deborah Bachrach – Bachrach Health Strategies – President**

Here.

**Judy Sparrow – Office of the National Coordinator – Executive Director**

Gopal Khanna? Bill Oates cannot make it. Ruth Kennedy? Anne Castro?

**Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect**

I'm here.

**Judy Sparrow – Office of the National Coordinator – Executive Director**

Oren Michels?

**Oren Michels – Mashery – CEO**

Here.

**Judy Sparrow – Office of the National Coordinator – Executive Director**

Wilfried Schobeiri?

**Wilfried Schobeiri – InTake1**

Here.

**Judy Sparrow – Office of the National Coordinator – Executive Director**

Terri Shaw?

**Beth Marrow – The Children's Partnership – Staff Attorney**

Beth Marrow is attending for Terri.

**Judy Sparrow – Office of the National Coordinator – Executive Director**

Thank you, Beth. Sallie Milam?

**Sallie Milam – State of West Virginia – Chief Privacy Officer**

Here.

**Judy Sparrow – Office of the National Coordinator – Executive Director**

Dave Molchany? Elizabeth Royal will be joining late. Bryan Sivak? Joy Pritts? Doug Fridsma?

**Doug Fridsma – Arizona State – Assoc. Prof. Dept. Biomedical Informatics**

Here.

**Judy Sparrow – Office of the National Coordinator – Executive Director**

Kristen Ratcliff?

**Kristen Ratcliff – ONC**

Here.

**Judy Sparrow – Office of the National Coordinator – Executive Director**

Bobbie Wilbur?

**Bobbie Wilbur – Social Interest Solutions – Co-Director**

Here.

**Judy Sparrow – Office of the National Coordinator – Executive Director**

Paul Swanenburg will be joining late, and Dee Tiner?

**Dee Tiner**

I'm here.

**Judy Sparrow – Office of the National Coordinator – Executive Director**

David Hale?

**David Hale – NLM NIH – Project Manager for Pillbox**

Here.

**Judy Sparrow – Office of the National Coordinator – Executive Director**

Did I leave anybody off?

**Ruth Kennedy – Louisiana Medicaid Department LaCHIP – Director**

This is Ruth Kennedy. I just joined.

**Judy Sparrow – Office of the National Coordinator – Executive Director**

Thank you. Anyone else?

**Gary Glickman – OMB – Coordinator, Partnership Fund for Program Integrity**

Judy, this is Gary Glickman from OMB.

**Judy Sparrow – Office of the National Coordinator – Executive Director**

Gary, good morning. Anyone else?

**Bob Arndt**

Yes. Bob Arndt sitting in for Ray Baxter.

**Judy Sparrow – Office of the National Coordinator – Executive Director**

Okay.

**Sharon Parrott – Secretary Sebelius – Counselor, Human Services**

Sharon Parrott from HHS.

**Judy Sparrow – Office of the National Coordinator – Executive Director**

Sharon, welcome. Thank you.

**Cris Ross – LabHub – CIO**

And this is Cris Ross.

**Judy Sparrow – Office of the National Coordinator – Executive Director**

Cris, good. Okay. Thank you. And I'll turn it over to Sam.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

Thank you, Judy. Good morning, everyone. Welcome to our fifth meeting of the enrollment workgroup. Let me just point out a little confusion about the decks. There was a deck sent yesterday, and then another deck just sent within the last hour. The deck that was just sent, or the one that you're going to be looking at online, contains a slight reordering of slides, and also contains two additional slides, which

include the summary of the HIT Policy Committee comments. Then there was just in the last few minutes a forth slide deck that was sent out, which is the NIEM component of this deck, so we'll go through each of those as we go through.

Aneesh is on vacation, so I'll be chairing the entire meeting. We certainly have a lot to cover, so I want to get started by first reviewing today's agenda. There was a separate agenda page sent out that's almost identical to the third page of the deck. I'm going to talk about the status of our recommendations and the presentation that was made last week to the HIT Policy Committee, and then I'm going to walk through each of the recommendations very briefly in their current form. Next, we're going to have Kristen review the recommendation process from this point forward. Then we're going to go through a review of each of the appendices that will support the recommendations.

We're going to start with NIEM, and then we're going to go to consumer usability, verification interfaces, business rules, privacy and security. And Kristen is going to lead us through each of those. Doug will do NIEM, and Kristen will lead us through the rest of the appendices. I'll come back and talk about next steps in our timeline. Then we'll have public comment. We have an awful lot to cover. I'm not sure if it's going to take the entire three hours, but I intend to move us along through each of the sections. Any questions about the agenda? Let's start with the context and where we are.

At our last workgroup meeting, you'll remember we directed staff to develop a more concise version of the recommendations. We talked about a three- to five-pager. And, at the time, we proposed the creation of a preamble to highlight the importance of consumer usability and mediation, consistent with AHCA's focus on making the enrollment process more efficient, more transparent, more consumer friendly.

And we also proposed, as I said a moment ago, detailed appendices for each of the recommendations. On August 19<sup>th</sup>, which was last Thursday, Aneesh and I presented what now have become the final enrollment workgroup recommendations to the policy committee. Although staff had just drafted this more concise version—again, we're going to go over it in a minute—we were still in the process really of refining the recommendations with workgroup members, with ONC staff, with HHS, but given the timeline constraints both in the statute and the time required for the federal clearance process in order for the recommendations to be presented to the secretary on September 17<sup>th</sup>, we presented what we characterized as ten near final recommendations for committee actions. And we indicated though that we did not expect that there would be any significant changes other than what changes the policy committee or the standards committee, who we're going to present to next week, suggest, and that the clarifications would be done in the appendices.

Aneesh and I then walked the policy committee through these ten high-level recommendations. As you know, resulting from the work of our four workgroups, tiger teams, and also the NIEM effort that's conducted by ONC. We mentioned to the committee that we didn't have a preface at the time or the appendices, but that they would be included. So that's the process that's taken us from our last meeting to where we are today. What you have in your deck are the ten concise recommendations.

My understanding is that we can't noodle these around almost at all. Kristen, we left open the door when I tried to say to the policy committee these were near final. We didn't expect that they would change substantially. Can you help us understand what room we have at all?

#### **Kristen Ratcliff – ONC**

Yes. I would say we have very little room to make much, I mean, definitely no room at this point to make any substantive changes to the recommendations. And we should probably leave them as close to the policy committee approved format as possible for presentation to the standards committee. Our real

opportunity here is in the appendix, to the extent that we want to clarify or expand upon anything. We do have significant leeway in the appendices, so I would suggest that that be where we really focus our attention today.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

So as we go through each of the recommendations, which I'm going to do pretty quickly because we're going to refer back to them as we look at what should be in the appendices to support them, but if any of the tiger team chairs or other members see something that's just not right or you really do think needs to be clarified, let's be sure to point them out.

So if we'd go now to the third page or fourth page in the deck, and we'll go through these ten recommendations starting with the core data recommendations, so they are numbered by section, but there are ten recommendations in total. So start with the core data recommendations, recommendation 1.1. We recommend that federal and state entities administering health and human services programs use the NIEM guidelines to develop, disseminate, and support the standards and processes that enable the consistent, transparent exchange of data elements between programs and states.

So two things here: At the last presentation that Doug did, one of his recommendations, you'll remember, was to create a new harmonization workgroup. It was decided following the meeting that ONC would just continue to do the work, so what that means is that ONC would continue the analysis that they had started on the 34 programs across the 10 states that complete that analysis and make sure that the core data elements are as close to operational as possible by the time the recommendations are released on September 17<sup>th</sup>, and this would include data format. And the second thing they would do was begin a second round of analysis using the NIEM framework to analyze those data elements, which states must transmit to obtain verification from Social Security Administration, IRS, and Department of Homeland Security, the three verification sources that are cited in AHCA.

Let me stop with the core data recommendation and the first recommendation. So we'll go back to this if there are no comments when Doug walks us through some charts that he just disseminated.

**Doug Fridsma – Arizona State – Assoc. Prof. Dept. Biomedical Informatics**

And one comment I think that we certainly will follow. I'm not sure it's clear from the recommendation, but there is a national information exchange model, the NIEM model that has been developed by the Department of Justice. There is some confusion out there as to whether or not health and human services is going to share our information with the Department of Homeland Security and ... folks.

I think what's important is the word guidelines at the end of it, which is to say, within HHS, at least for the sharing of information related to healthcare, we are trying to develop an information exchange model that uses those guidelines, but we currently do not have any use cases that would require us to share information with the Department of Homeland Security, and we have no plans to develop that. It's sort of a minor point, but I think it's important to recognize that our goal is to use the best practices that NIEM has developed, but not necessarily create use cases that would have that kind of sharing. That certainly is not our intention with using the NIEM model.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

Yes. Let me ask everyone to please introduce themselves before they do speak. Thanks, Doug. Let's move through these recommendations.

There are two recommendations on verification, so recommendation number two is 2.1. We recommend that federal agencies required by Section 14.11 of AHCA share data with states and other entities for

verification of an individual's initial eligibility, recertification, and change in circumstances for health insurance coverage options under AHCA, use a Web services approach that could also be used to support such eligibility determinations in other health and human services programs, including Medicaid, CHIP, SNAP, and TANF. So the first is recommending a Web services approach to meet the requirements of Section 14.11. Kristen, this is one where I think we could certainly not change substantively what this says, but write it so it's a little clearer.

**Kristen Ratcliff – ONC**

Sure.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

That's the first recommendation within verification interfaces or our overall second recommendation. The second recommendation within verification is we recommend the development of a federal reference implementation software tool containing standards for obtaining verification of an individual's eligibility information from federal agencies to insure consistent, cost effective, streamline approach across programs, states, and community partners, and then a separate paragraph that kind of talks about that a little bit, but this is the approach that we had suggested for building a Web service. The second paragraph talks about the other federal sources of verification information that would be required in order to do a timely and complete, comprehensive verification.

**Beth Morrow – The Children's Partnership – Staff Attorney**

I was wondering, and I know that we might not be able to noodle, but the slide 2.2 uses different language than 2.1 where it speaks to verification of eligibility as compared to verification of eligibility information. And I think that slide 2.1 is worded a little better.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

I think that's a good point. I don't think that that's a substantive change. I think that these kinds of changes for clarification, I think we should use. And one of the things I noticed in just reading in 2.1, we talked about initial eligibility, recertification, and change in circumstance, and we ought to be consistent with 2.2 because AHCA requires all of those things, and we want to insure that if a reference tool was going to be built, it's going to include that capability.

**Beth Morrow – The Children's Partnership – Staff Attorney**

Absolutely.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

Good.

**Deborah Bachrach – Bachrach Health Strategies – President**

On 2.1, we say— I can't get the slide to flip back, but as I remember it, it said AHCA's coverage options. Yes, there it is. It says another ... for verification and initial eligibility ... health insurance coverage options under the ACA. Isn't Medicaid a coverage option under the ACA?

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

It is. I wondered about that too, Deborah. You mean when it says including Medicaid and CHIP at the end?

**Deborah Bachrach – Bachrach Health Strategies – President**

Yes. I think—

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

Medicaid and CHIP are both coverage options.

**Deborah Bachrach – Bachrach Health Strategies – President**

Exactly, so I think the Medicaid and CHIP reference ... along in the first part of that sentence, not in the second part.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

I think that's a good clarification. Sharon, you agree with that?

**Sharon Parrott – Secretary Sebelius – Counselor, Human Services**

Yes. I think that's right. Is anyone from CMS on? Yes, I think that's right.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

That's why I called on you, Sharon. I didn't hear anybody from CMS.

**Sharon Parrott – Secretary Sebelius – Counselor, Human Services**

So you call on the human services side of HHS.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

Yes, exactly.

**Sharon Parrott – Secretary Sebelius – Counselor, Human Services**

But, yes, I guess the only question I have is whether Medicaid is certainly a coverage option under AHCA, and I guess the question is, is CHIP—I guess CHIP is referenced. I mean, I guess I would just put coverage options including Medicaid and CHIP, so it's just all clear. You know what I mean?

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

Yes.

**Sharon Parrott – Secretary Sebelius – Counselor, Human Services**

But, yes, those are sort of all in the coverage world, and then there's the other stuff.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

Good. Thank you. The kinds of clarifications that are being made in these first couple of recommendations are really important because we want the recommendations are really important because we want the recommendations to be crystal clear, so please feel free.

**Kristen Ratcliff – ONC**

Yes. I'm sorry, Sam, to interrupt, but what exact change are we recommending here?

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

We want to make sure that in recommendation 2.1 when the reference is of insurance coverage options, Sharon suggested language that said including Medicaid and CHIP as opposed to the way we have it now, which is mentioning them at the end of that sentence. It's still appropriate to mention SNAP and TANF at the end of the sentence, but both Medicaid and CHIP are coverage options when you go to an exchange.

**Kristen Ratcliff – ONC**

So essentially what we're saying is that the ACA already allows verification with the IRS, DHS, and SSA for Medicaid and potentially CHIP.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

That's right.

**Kristen Ratcliff – ONC**

So it doesn't need to be recommended that we—

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

It doesn't need to be called out separately.

**Kristen Ratcliff – ONC**

Great. Thanks.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

Good. Anything else back on recommendation 2.2? And again, we'll reference each of these when we go to the appendices.

Recommendation 3.1 or our fourth recommendation, federal and state agencies should express business rules using a consistent technology neutral standard, and then I question here whether we need to add these technical terms, standards into the sentence. Upon identification of a consistent standard, federal and state agencies should clearly and unambiguously express their business rules outside of transactional systems to provide maximum transparency to the consumer.

**Ronan Rooney – Curam Software – CTO & Cofounder**

I think one of things I think we talked about at the public hearing the last day was at the transparency to the consumer was not going to be necessary showing them the rules. It's going to be showing them the output from the rules. So the consistent expression of the rules is to allow the development community to be able to understand what they mean when they're going to implement them and the transparency to consumer really relates to how we make the results of the rules executions understandable to the consumer.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

I think that's also good clarification. In fact, when we went before the policy committee, one of the comments they made was that this needed to be in human readable format in order for people to understand what they meant.

**Ronan Rooney – Curam Software – CTO & Cofounder**

Yes.

**Kristen Ratcliff – ONC**

Ronan, so would you recommend revising that sentence to say to provide maximum transparency to the development community?

**Ronan Rooney – Curam Software – CTO & Cofounder**

Well, I think the two objectives are still valid. I think the consistent standard will express the business rules to—and again, I guess, what's here is okay—... ambiguously express their business rules to support consistent implementation, and then provide. The output from the rules should provide maximum transparency and understandability to the consumer.

**Kristen Ratcliff – ONC**

Okay.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

Good clarification.

**Cris Ross – LabHub – CIO**

I agree with that. I agree with what Ronan is saying. We struggle with that, but really the focus here was to try and make it available to developers that what's happening here is, it's not the place where a consumer is going to go to understand their benefits and how to work through them, although that could be one of the outputs of it. This is intended to be an intermediate step in that direction, so I think Ronan's comment is a good one.

The second comment that I would make, Sam, about why did we put those standards in parenthesis was this is specifically talking about a method for documenting business rules as opposed to implementing business rules. And if someone looked at this, they would understand that we didn't mean some things like EB XML or some proprietary rules engine language. I understand the point about is it necessary to be in there, but it really does add a form of clarity.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

That's helpful.

**Kristen Ratcliff – ONC**

Could I suggest maybe— I don't know how you feel about this, but actually just ending the sentence after the parentheses? So ending the sentence so it would read, "Federal and state agencies should clearly and unambiguously express their business rules outside of transactional systems." And then clarify the consistent expression for developers and the input or output would be transparent to the consumer. Perhaps that's a subject that we could include in a little more detail in the appendix. Would that be appropriate, or do you feel it needs to be in the recommendation?

**M**

I like that.

**Kristen Ratcliff – ONC**

In the recommendation or in the appendix?

**M**

I would defer to Ronan as well, but I like the idea of having it be shorter and have the appendix describe it.

**Ronan Rooney – Curam Software – CTO & Cofounder**

That's fine. Yes.

**M**

I think that's the approach we'd like to take throughout.

**W**

Yes. The only concern is that there is not that much about the consumer aspects in the recommendation, so it's a little worrisome to remove any since most of them are in the appendix, the consumer mediated aspects.

**W**

Yes. I think we have one recommendation later on that really is the meat of the consumer-mediated approach, and perhaps we can look at that when we get to that recommendation.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

Let's do that, but let's remember the concern and come back if we need to. Let's move to 3.2. To allow for the—and this is the fifth recommendation—open and collaborative exchange of information and innovations, we recommend that the federal government maintain a repository of business rules needed to administer AHCA and Medicaid health insurance programs, which may include an open source forum for documenting and displaying eligibility, entitlement, and enrollment business rules to the public in standard-based and human readable formats.

**Ruth Kennedy – Louisiana Medicaid Department LaCHIP – Director**

Do you think we could add CHIP to that list with AHCA and Medicaid?

**W**

And to be consistent, shouldn't we use the same language as 2.1?

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

Both are good points, same language in terms of--?

**W**

To administer AHCA health insurance programs, including Medicaid and CHIP.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

Yes.

**Ronan Rooney – Curam Software – CTO & Cofounder**

Is there a reason why we're not including SNAP and TANF on that one? I think, to me, that was one of the big areas of potential reuse. I think, when we're looking at this from the citizen's perspective as a common intake and enrollment exercise, the way it's worded now would certainly leave it open to having the citizen input the same data twice: once for the AHCA and Medicaid ... programs under almost the identical set of data for SNAP and TANF.

**Kristen Ratcliff – ONC**

Yes. I'm wondering if perhaps we could, and I don't know. Perhaps the answer is no. But if we leave the recommendation as currently worded and then include some of these clarifying points in the appendices and perhaps here we are clearly recommending ACA and Medicaid and then, in the appendix, we could suggest that CHIP, SNAP, and TANF be included as well. I don't know how members of the workgroup feel about that, but that would be another approach rather than modifying the actual recommendation language.

**Stacy Dean – Center Budget & Policy Priorities – Director, Food Stamp Policy**

I felt like the core purpose of the group and the statutory language, I guess, that we're working under was so clear about the—

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

Other programs.

**Stacy Dean – Center Budget & Policy Priorities – Director, Food Stamp Policy**

Yes, the other programs.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

Right.

**Stacy Dean – Center Budget & Policy Priorities – Director, Food Stamp Policy**

That to suppress it or put it later—suppress is probably too strong a term—does leave one to question if we were taking a different tact here.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

Stacy, I agree with you. I think we need to be consistent, and I support Ronan's point, and we did spend an awful lot of time talking about this. We need to be consistent between the recommendations.

So in 2.1 where I think we all felt comfortable after the change in bringing Medicaid and CHIP up into the insurance coverage options, and then including SNAP and TANF as other programs. We need to be consistent every time we make reference to what we think ought to happen in terms of the flexibility of data use. So I wouldn't want us to be ambiguous about what we think about that, as you go through these recommendations, so I think we should make 3.2 consistent with 2.1.

Any disagreement with that approach? Kristen, you and I will have to negotiate through what really are changes here and what are just clarifications.

**Kristen Ratcliff – ONC**

Yes. I agree. I just would caution us again to not—there are things that everyone feels very strongly about, then we should definitely make those modifications, but I would caution us to remember what we could also include in the appendices so that we don't get into a situation where we need to represent to the policy committee.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

Yes. I think that's right, but we're halfway through the ten, and we're in pretty good shape, I think, with....

**Kristen Ratcliff – ONC**

Yes, and I think that these clarifications are important.

**Ronan Rooney – Curam Software – CTO & Cofounder**

On 2.1, I guess I did have a question, which was, have we defined what a Web services approach means? It's not clear to me—

**Kristen Ratcliff – ONC**

No, I don't think that we have defined that, and that's definitely a subject that we can tackle in the appendix. It would be good for the appendix.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

Good. Good point, Ronan.

**Ronan Rooney – Curam Software – CTO & Cofounder**

Yes ... I think these sentences should probably, you know, be self-explanatory, at least in English terms. I know there's going to be some technical—

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

And your point about that, I assumed, is that this is a significant departure from the way it's done today, so you want to insure that there's clarity about what we mean.

**Ronan Rooney – Curam Software – CTO & Cofounder**

Yes, because I think a Web service approach could be interpreted in lots of different ways, I mean, both from technical people and non-technical people. Some non-technical people may not clearly understand it at all.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

Right.

**Ronan Rooney – Curam Software – CTO & Cofounder**

Like I think where at this level it probably should be understandable in English.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

Somebody else was wanting to speak there?

**Oren Michels – Mashery – CEO**

Yes. I agree, Ronan. I think that somewhere in there we have to mention that when we say Web services, we're not talking about an internal architecture. We're talking about the concept of open APIs that people can program against. And I think that doesn't belong in the appendix. I think it should be in the main area where we say a Web services approach, which will allow for open APIs to program against or some such thing so that it's clear that we're not trying to specify internal architecture here, but general architecture.

**Ronan Rooney – Curam Software – CTO & Cofounder**

Can I ask one more question, Sam? Sorry. My apologies. On 2.2, when we talk about to develop a federal reference implementation software tool, I mean, again, the word, the choice, the use of the word tool, is that meant to convey something specific?

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

As opposed to just software?

**Ronan Rooney – Curam Software – CTO & Cofounder**

Is it like a reference implementation?

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

We're talking about a reference implementation, and we wanted to be clear that we were talking about software.

**David Molchany – Fairfax County, VA – Deputy County Executive**

If we're going to change how that says Web services, we probably should define what Web services are and then also we should make the distinction of what an open API is if that's what we're doing because they're not really interchangeable.

**M**

Well, one is a subset of another, right? An open API is one kind of Web service.

**M**

Yes, and that's true, so I think what I was trying to say if we're going to move something like that to the appendix, we should be really specific about what we mean around those two topics.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

I agree with you. Can I ask the three of you, Ronan, Oren, and Dave, to— And, Dave, let me ask you to take the lead and do a one or two sentence definition and send it around to your colleagues, and see if we can't get agreement, and then forward it to Kristen and me?

**M**

Sure, no problem.

**M**

Ronan, do you want to lead that?

**Ronan Rooney – Curam Software – CTO & Cofounder**

Yes. Okay. Thanks.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

Ronan, you'll lead it? Good. Thank you. I think it's really important to clarify what we mean.

**David Molchany – Fairfax County, VA – Deputy County Executive**

Ronan, do you want to just go ahead and write it and then send it to all of us?

**Ronan Rooney – Curam Software – CTO & Cofounder**

Yes. I'll send it to you guys. Yes.

**David Molchany – Fairfax County, VA – Deputy County Executive**

Great. That's good. Thanks.

**Paul Eggerman – eScription – CEO**

Sam, I'm a member of the policy committee, and one comment I want to make is so far I think everything we've done has been sort of like wordsmithing. We need to be careful because at some point what I'm going to say is why don't we send out a redline version to the recommendations to Paul Tang so that everybody can at least see that these are minor changes. But if there's a lot of redlining stuff—

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

I think that's a really good idea, Paul, and we will send it to Paul Tang. Everybody, Paul Tang is chairing the HIT Policy Committee.

**Paul Eggerman – eScription – CEO**

He's co-chairing with David Blumenthal, and the chairman really is David. I think you could send a redline version to him, but again I would just caution everybody that what you call the appendix is actually very important. People do read carefully the explanation behind all the recommendations, and that's the best place to do a lot of this work. And if we get too much of this redlined, you create a situation where somebody is going to say, well, we want to talk about that because that's a lot of changes.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

Good. I appreciate your caution and ask you to keep us honest, as we go through the final five. Thanks, Paul.

Are we ready to move to transmission of enrollment information recommendations? This is the new name for what we had been calling health plans because the reality is that we're talking about using HIPAA standards for transmission of enrollment data between the exchanges, between health plans, and between public programs, and we wanted to give it a name that encompassed the exchange between all three of those different sources.

Recommendation 4.1, our sixth recommendation, we recommend using existing health insurance portability and accountability act standards, e.g. 834, 270, 271, to facilitate transfer of applicant eligibility, enrollment, and disenrollment information between AHCA health insurance programs, health and human services programs, and public/private health plans. I think Reed is on vacation. Anybody else from— Anne, did we get it here?

**Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect**

I'm digesting.

**Deborah Bachrach – Bachrach Health Strategies – President**

While Anne is digesting, could we go back with our 2.1 language and say between ACA health insurance programs, including Medicaid and CHIP, and human services programs, and public/private health plans? And maybe we should flip so human services could come after public/private?

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

Yes.

**Deborah Bachrach – Bachrach Health Strategies – President**

I think that really is just a technical change to be consistent.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

Yes. I think that's good. We'll do that. We should align all of these the way we did 2.1.

**Deborah Bachrach – Bachrach Health Strategies – President**

Yes. Thanks.

**Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect**

I'm thinking it's good.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

Anne, good. Music to my ears. Let's move to recommendation 4.2 and see what you think of this one. This is our seventh recommendation. We recommend further investigation of existing standards to acknowledge a health plans receipt of a HIPAA 834 transaction and, if necessary, development of new standards.

**Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect**

This one causes me a question. Do we want to have an acknowledgement of a receipt or an acknowledgement of enrollment?

**Kristen Ratcliff – ONC**

Yes. I can respond to that because we did have, when we were reviewing these kind of internally to make them more concise, there's a fairly significant discussion about that. And I think that there was a general consistent that acknowledgement of enrollment is outside the scope of this workgroup's charge. But I think that that was why we kind of tempered the recommendation to say that there should be further investigation of existing standards to acknowledge receipt of an 834 to still include the idea that someone somewhere should look at this issue.

**Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect**

Then possibly in the appendix, which I don't understand that yet until we get there, could we discuss that we would use the eligibility to find out whether the consumer was enrolled or not?

**Kristen Ratcliff – ONC**

Yes, I think so. Could you explain that a little more?

**Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect**

Well, it's after the consumer uses this process, and we steer them towards what their eligible for, and we pass on the enrollment, and the entity actually enrolls the person, would there be value to the exchange to know the status of that individual so that within, say, two weeks or a month, you periodically ping with an eligibility transaction to determine whether the person is enrolled or not, so as to know whether or not to e-mail them or fax them or communicate with them to get back into the process.

**Bobbie Wilbur – Social Interest Solutions – Co-Director**

Just so you guys all know, the 270, 271 is that transaction that Anne is talking about.

**Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect**

Right, right. So was there a need for the exchange to know the status of the member or if the status changes so that there's some proactive communication to get them back into the process if they were not enrolled? I don't know if that's in the scope of what we're working on. That's what I'm asking.

**Bobbie Wilbur – Social Interest Solutions – Co-Director**

Yes, continuous enrollment is in the scope.

**Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect**

So that we can use that 270, 271 to ascertain the status of the individual.

**Ruth Kennedy – Louisiana Medicaid Department LaCHIP – Director**

But if they were not enrolled it could be because they were ineligible. Their income was over the limit.

**Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect**

Theoretically, the eligibility was already determined before the enrollment was passed on. That's the verification process, right?

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

Correct.

**Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect**

So that in the same instance or time period, we're collecting the data to actually enroll them into what was determined they were eligible for. So I think it's reasonable to assume that an enrollment should actually occur, and really what I'm getting to is the ability for the exchange to proactively communicate with people who did not successfully complete whatever the attempt was.

**Kristen Ratcliff – ONC**

And is that not included in the concept of the 270 or the 271? What new--?

**W**

Yes, Kristen. It is included in the 270, 271 in terms of initiating, I mean, in terms of the information. What Anne is talking about is having that initiated so that it's confirmed, and if somebody for some reason loses their enrollment, they didn't pay premiums, something happened, that the exchange is aware of that. The standard is still the 270, 271. What Anne is talking about is how is that used. Is it a proactive use, or is it a passive use?

**Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect**

Yes. It is not clear when you put up recommendation 4.1 what you use the 270 and 271 for, even though—

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

Anne, if we are clear about what those standards are used for, as we've just been discussing, and say it in English, is there then still a need for 4.2?

**Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect**

I think there's still a need for 4.2 just to acknowledge that the transaction occurred because if it didn't, you would want to send it again. Wouldn't we?

**W**

Yes.

**Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect**

So that's just a logistical, did you get what I sent you?

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

And that doesn't happen in the clinical world today with the use of these standards?

**Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect**

No.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

Which wouldn't be a surprise.

**Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect**

No. I mean, does anybody else on the phone think it does?

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

Paul, are you aware?

**Paul Eggerman – eScription – CEO**

I think it does. I think it does, not the way it's being suggested. I think it's usually done through what I call the message transport process where you send a message. You get back an acknowledgement or a no acknowledgement that the message was received.

**Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect**

Yes, and I'm thinking there just isn't one for an 834. There is one for....

**Paul Egerman – eScription – CEO**

For an HL-7 transaction ... it depends on ... it's not within the ... content standard, but usually it's part of what I call the message transport standard. In other words, how you send your message determines usually whether or not you know. But I think what's written here--

**Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect**

Covers it.

**Paul Egerman – eScription – CEO**

--is fine, and to get to Anne's point about the 270 and 271, to the extent that you think that that's really very important that people know about that, I would put it in the section that we're calling the appendix because the appendix is the opportunity to write whatever clarifications you want and whatever reasons you want for why you made your recommendations. So if the reasons I have the 270 and 271 is to make it possible to enable the capability that Anne is describing, that's worth a few sentences in the appendix.

**Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect**

Either that or why is the 270 and 271 up there.

**Paul Egerman – eScription – CEO**

Pardon me?

**Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect**

I think the clarification—it's just obvious the 834 has to do with enrollment. It's just not obvious why the 270 and 271 is even listed in 4.2.

**Paul Egerman – eScription – CEO**

Yes, it should say why it's listed and what the—

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

Bobbie, can you describe why we're listing 270 and 271 in terms of communication with enrollees?

**Bobbie Wilbur – Social Interest Solutions – Co-Director**

Yes. There are really two purposes. One is any kind of inquiry of the enrollee basically tries to—it's no different than trying to determine from a Medicaid system whether or not there's eligibility there. The 270 and 271 is the query that you would send off to verify the person is either known to that system and what their current enrollment status is with that system before you went on and completed an application.

What Anne is talking about is adding another dimension to that whereby rather than wait for the applicant to come in to actually affect an application, that if in fact an applicant lost their enrollment in a health plan and, therefore, was out of insurance coverage, that there would be an automated 270, 271 query so that the exchange itself would know that that person was out of coverage and, therefore, work with the applicant proactively to try to secure health coverage for that person. It's two dimensional, guys.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

Bobbie, what ...?

**Paul Egerman – eScription – CEO**

Two-dimensional or bidirectional—

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

Bidirectional.

**Paul Egerman – eScription – CEO**

Think about it, and—

**W**

I mean it's two-dimensional in that there's two purposes to the 270, 271 under what Anne is trying to add to the concept.

**Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect**

Can you ... the first dimension again? I'm a little unclear on that one.

**W**

The first dimension is just if an applicant actually comes to effect their application. Let's say they come to the exchange. They are trying to secure health insurance. It happens that they may already be enrolled with you, Anne. The 270, 271 would confirm their enrollment, so that's an action that's affected by the applicant. The second one is an automated transaction that just does trolling exchange to the health plan to make sure that the person stayed enrolled. If they're not, that there is a way to contract that they could stay continuously covered. It's about having continuous coverage with these folks that we're worried about having health insurance.

**Kristen Ratcliff – ONC**

Yes, I would just caution again that to the extent that we are suggesting or recommending certain functionalities or certain aspects, characteristics of the relationship between the exchange and private health plans that we're getting outside the scope. But I think that we could address this issue by recommending further investigation on how exchange will receive notification of disenrollment from health plans. But I would just say that we're going to need to do some wordsmithing to make sure that we are not overstepping and do sort of the exchange territory.

**Paul Egerman – eScription – CEO**

Yes. That's a good point. It's also the issue that while what Anne says sounds appealing, in a very practical sense, a lot of the health plans just won't give you the 271 transaction because it's just something else they have to do, and so there's not a good compliance vehicle to get it done. But I think you could simply write it up to say this is something that sort of leaves open this possibility.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

Okay.

**W**

Yes, and we don't currently have an appendix listed for the sort of health plans or transmission of enrollment information, but if workgroup members feel strongly that this is something we need to clarify in an appendix, we can add that.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

It sounds like we do, and it sounds like we need to describe in lay terms what these exchanges are and what their purpose is that Bobbie was intending to do. All right. I'm going to move us along to recommendation 5.1, which is actually recommendation eight of the ten recommendations, and I'll read it quickly.

We recommend that consumers have one timely electronic access to their eligibility and enrollment data in a format they can use and reuse; two, knowledge of how their eligibility and enrollment information will be used, including sharing across programs that facilitate additional enrollments and, to the extent practical, control over such uses; and, three, the ability to request a correction and/or update to such data.

I'm not sure if this additional language actually should stay in the recommendation or move to the beginning of the appendices, but this concept that came out of our privacy and security tiger team comes directly from the new rights the consumers have as part of HITECH that was originally intended for their clinical information, but here we are applying it to their administrative information as well. Any questions about 5.1?

We're going to move to 5.2, which is recommendation number nine. We recommend that consumer's ability to designate a proxy, third party access to, be as specific as feasible regarding authorization to data. In other words, read only, write only, read/write, or read/write/edit, access to data types, access to functions, role permissions, and ability to further designate proxies. If proxy access, allowed access should be subject to the ... of separate authentication and/or log in processes, tracked and immutable audit logs designating each specific proxy access and major activities, and that such access be time limited and easily revocable. We spent a lot of time in our last meeting talking about this.

**Beth Morrow – The Children's Partnership – Staff Attorney**

Yes. I can't tell whether this—with the new language does distinguish between the proxy and the assistor because I don't see that distinction very clearly, though I know we were trying to get there.

**Kristen Ratcliff – ONC**

We've had some discussions about that. Can you explain what you see as the distinction between a proxy and a third party? What's the difference?

**Oren Michels – Mashery – CEO**

A proxy is a software program. An assistant is a person using a proxy or a software program. So a proxy is a means by which it is a program or service that you are saying that you or potentially an assistant, either way, has access to your data by virtue of that package, uses that piece of software using it. An assistant is someone who sits down next to you or who accesses the system remotely on your behalf to get something done.

**Beth Morrow – The Children's Partnership – Staff Attorney**

Oren, do you think this language applies to both? I just can't quite tell.

**Oren Michels – Mashery – CEO**

I think it's completely confusing.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

I think because the way, practically, and it works both ways, I guess. An assistant, at least in what we've seen with certified application assistants in California, they usually work with an applicant. It's the applicant's application that the assistant is helping them complete. There are circumstances in which the applicant has given the assistant the right to go back into the file, let's say when some paper documentation arrives, and append it. In that case, it would seem to me to be more of a proxy. They would need proxy rights to do that under what we're describing.

**Wilfried Schobeiri – InTake1**

Is there any way that we could actually define specifically proxy because it seems like people from different angles are going to have extremely different understandings of what that means, especially a technical person or a policy person.

**Kristen Ratcliff – ONC**

Yes. I would agree. I think that that's something we should probably do in the appendix, so does anyone want to volunteer to take a shot at that? Wilfried?

**Wilfried Schobeiri – InTake1**

I could do that.

**Kristen Ratcliff – ONC**

Thanks. And maybe work with Oren.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

Wilfried, could I suggest you work with Beth on that?

**Wilfried Schobeiri – InTake1**

Sure.

**Beth Morrow – The Children's Partnership – Staff Attorney**

Okay.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

Terri is on vacation, is she not, Beth?

**Beth Morrow – The Children's Partnership – Staff Attorney**

Yes. This is this week, right?

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

That's correct.

**Beth Morrow – The Children's Partnership – Staff Attorney**

She's gone this whole week. Yes.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

Good. Kristen, would you put them in touch with one another?

**Kristen Ratcliff – ONC**

Sure. Beth, do we have your contact information?

**Judy Sparrow – Office of the National Coordinator – Executive Director**

I have it.

**Kristen Ratcliff – ONC**

Great.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

Good. Anything else on 5.2? Let's move to 5.3, which is our tenth recommendation. We recommend that state or other entities administering health and human service programs implement strong security safeguards to insure the privacy and security of personally identified information. Specifically, we recommend the following safeguards: Data in motion should be encrypted. Automated eligibility systems should have the capability to record actions related to personally identified information provided for determining eligibility, and we should generate audit logs. I'm not reading all the smaller type. Any concerns about this recommendation? This is pretty much right out of what came out of the tiger team. Okay.

We've gone through and, hopefully in a couple of days, we will have another version of these ten recommendations. Back to our agenda, before we get into the appendices, Kristen, do you want to review the recommendation process from this point forward?

**Kristen Ratcliff – ONC**

Yes, and I don't know, Sam. Did you want to say anything on the policy committee's comments on the recommendations?

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

Yes. I'm sorry. That's good. Yes. There are two slides that follow this on the summary of the policy committee comments. Paul, please jump in, as you participated in those conversations. I'm not going to go through every word on this page, but let me give you the high points.

All throughout the discussion, just as we have struggled with what is our charge, are we developing technical recommendations, or are we sliding into policy recommendations, we had a number of questions from the policy committee about, well, all of this in some ways. I think it was Deven McGraw at one point said, you know, this distinction between policy and technical implementation, it sounds like you could view all of these recommendations as policy recommendations, but we did try to kind of draw lines, and that was one of the things that kept happening with the policy committee, just as it's happened here.

Second, we were asked for clarity about does the ACA require data mapping, and would states have to do this kind of data mapping? We tried to provide clarity around that. We said we weren't requiring or even suggesting that states change their core data elements or the way they collect or display those data elements within their own systems, but rather the NIEM process was intending to insure that the data elements that we already know that are common across many of the programs can be transmitted between programs so that receiving systems, receiving state programs are able to easily identify and incorporate the data elements into their systems. So we tried to provide that clarity. The policy committee thought that there was huge value in a common expression of business rules, and we had a long discussion about that, and this was the transparency effort that consumers should know what are the rules so that they can understand the determinations that had been made.

If you turn to the next slide, there was also a lot of support for strong privacy and security safeguards. We had a lot of conversation about a separate method of authentication for proxy. It's a huge issue, as you might imagine in the clinical IT world, both in access to electronic medical records, access to personal health records, etc. And then there was a lot of support for a consumer-mediated approach.

There were questions about exactly what information would consumers have a right to look at. There was a suggestion that ONC look at existing law to make sure that we were in conformance, and that any of the verification agreements that were made, that there was a limitation on use of what data that's intended for verification of eligibility, that there was a limitation on what else that data could be used for.

That's just a high level summary. We had a very good conversation. We spent about an hour going through the recommendations with the policy committee.

**Paul Egerman – eScription – CEO**

Yes, and I think you gave a good summary. If I recall correctly, they liked the recommendations. There really was like two amendments. One was they wanted collections limitation to be collections and reuse limitations, and I think they also wanted to do business rules in a—

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

In a human readable format.

**Paul Egerman – eScription – CEO**

—human readable format.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

Right.

**Paul Egerman – eScription – CEO**

Those are the two things that, before we voted, we asked for. And on the collections limitation reuse, we said that could occur in the appendix. When I looked in the appendix, you already did that.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

Yes.

**Paul Egerman – eScription – CEO**

So that seems to be done.

**Cris Ross – LabHub – CIO**

I guess given ... this is great feedback from the policy committee. On the business rules issue, I think we really struggled with just getting the meat of understanding how we would want to have business rules and expressed, and we didn't spend enough time on the consumer versus kind of developer approach. It feels to me as though our appendix ought to be pretty clear around what the function is of expressing those rules for development and for consumers and that they're somewhat separate.

I'm thinking by analogy, the algorithms that airlines use to get the maximum revenue and make sure that every seat is filled on a plane is really, really complicated stuff. But there's also the, well, what's the rules for me? Can I reuse and rebook my ticket, right? And they both come out of the same rules sets, but they both have different kinds of usage.

If it would be helpful, I'm sure that we could convene the groups of the business rules group to write some appendix materials that would explain kind of what we might think about that in terms of having an open source or repository approach for business rules that could serve both purposes, but really there are two different kinds of repositories and documents all together to be usable by developers in a sensible way, and to be used by consumers. Because if we just write for consumers, we're going to get a mess in terms of what actually gets implemented in various states because it'll have too much opportunity for interpretation by developers.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

I think that's right.

**Cris Ross – LabHub – CIO**

And sort of defeat the purpose, so I would volunteer to reconvene our group to write some appendix materials to get to the spirit of what the policy committee asks for.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

I think that's really helpful, so let's take that up again when we go to the appendix for business rules, and then we'll make clear assignments and set some timelines for getting that work done.

**Cris Ross – LabHub – CIO**

I hope that's acceptable to my colleagues.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

Ronan, others?

**W**

Yes.

**Cris Ross – LabHub – CIO**

Stunned silence equals consent, I think.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

In this timeframe, I hope that it does. We're going to move on. Kristen, let me ask you to go back and talk about the process from this point forward.

**Kristen Ratcliff – ONC**

Yes. As you know, as we've just spent an hour discussing, we presented these recommendations to the policy committee at their meeting on the 19<sup>th</sup>. Just to give you a little background, as we had discussed before, we were going to initially present the recommendations at the policy committee on the 19<sup>th</sup> and then, as initial recommendations, and then represent as final recommendations on September 14<sup>th</sup>. But some of the internal discussions that we've had sort of led us to the conclusion that these recommendations will be most valuable if they are sort of published in the federal register or some other authoritative manner, and so the process for clearing the recommendations for that sort of publication is much more extensive.

We moved up the presentation to the policy committee to make the presentation on the 19<sup>th</sup> sort of final, and then the presentation to the standards committee on the 30<sup>th</sup> will also be final. And we are hoping to have a draft of the preamble, appendices, and recommendations finalized by August 30<sup>th</sup> to start the clearance process here internally, and then hoping to have the recommendations published by the 180-day mark on September 17<sup>th</sup>. So that's sort of the process that this will go through.

To give you sort of even more background maybe than you ever wanted, we will present to the standards committee on the 30<sup>th</sup>, and at that point, our statutory requirement will be complete, you know, 17 days ahead of the deadline because the statute requires that the secretary develop recommendations in coordination with the FACAs. And once both FACAs have voted on the recommendations as final, sort of we have completed the requirement of 1561. However, because we do want to make sure that these recommendations are authoritative, we are going to take it a step further and actually publish the recommendations, and it will go through sort of internal committees here at HHS. It will go through sort of vetting with other interested parties in the government.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

Is this instead of OMB, Kristen?

**Kristen Ratcliff – ONC**

Yes. It will go to OMB, we believe, at this point. And then the recommendations, the appendices, preamble, and recommendations will be sent to David Blumenthal following the August 30<sup>th</sup> standards committee. He then has the sort of authority to accept in whole or in part and recommend up to the secretary, and then the secretary also has the authority to accept in whole or in part. And then, at that point, we will consider publishing. I just want to make everyone aware that that's kind of where we are. I know it was probably a very convoluted explanation, but there are still several layers of clearance that we'll have to go through before September 17<sup>th</sup>. I hope that kind of provided some clarity.

As far as the sort of bindingness, or if that's not a word, but as far as the authoritativeness of the recommendations versus the appendix or preamble, the way that we are looking at it is that the recommendations will be "binding" and then the preamble and appendix will serve as persuasive information. As Paul said, people do read appendices in detail, and should give a clear, states a clear view of where sort of this space is moving, so I just want to make everyone aware that that's kind of where we're headed, and that's how the recommendations and preamble and appendices will sort of be viewed. Any questions?

**David Molchany – Fairfax County, VA – Deputy County Executive**

Just one. Does that mean our meetings end on the 30<sup>th</sup>, or how does that affect the rest of the schedule?

**Kristen Ratcliff – ONC**

Well, I think, I don't know, at our last meeting, how many of you were on the phone, but I think that we see a role for this group going forward, certainly at a much slower pace, and perhaps monthly meetings instead of weekly meetings. We haven't yet defined the group's role going forward, but certainly we appreciate all of the work that you've done to this point and think that there will be a continuing role in the future. We just have to define, and would be open to suggestions, if anyone has any suggestions about what that role should be.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

David, Aneesh had told us that you had signed up for three years.

**Kristen Ratcliff – ONC**

Yes.

**David Molchany – Fairfax County, VA – Deputy County Executive**

Yes, yes, yes.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

We have one more meeting on the schedule, and we'll get to this at the end with next steps on the 24<sup>th</sup> of September that we're still holding. We'll confirm that, we hope, in the next week or so. Let me go back to this question of binding. Sharon, are you still on the phone?

**Sharon Parrott – Secretary Sebelius – Counselor, Human Services**

I'm here.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

Can you help us understand when Kristen uses the word binding, and when the recommendations get to the secretary, what's been your perspective of are the decisions that would need to be made at HHS or

CMS about these recommendations, and how might they tie to funding to the states if it's appropriate at this point for you to even speculate to help us understand just what goes on at that point?

**Sharon Parrott – Secretary Sebelius – Counselor, Human Services**

Let's see. Is Claudia or Farzad or an ONC person here online?

**Kristen Ratcliff – ONC**

Yes. It's just me today, just Kristen.

**Sharon Parrott – Secretary Sebelius – Counselor, Human Services**

Okay, because I guess I'm not an expert on the process here in the sense on this piece. I mean, you all are providing recommendations to the secretary.

**Kristen Ratcliff – ONC**

Correct.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

Correct.

**Sharon Parrott – Secretary Sebelius – Counselor, Human Services**

And the secretary has to issue standards, right, Kristen?

**Kristen Ratcliff – ONC**

Yes, so the FACAs will issue recommendations to David Blumenthal. David Blumenthal will, in whole or in part, issue recommendations to the secretary, and then the secretary will approve in whole or in part. And I believe that there's a provision in APA or in the ACA, excuse me, that says the secretary may use these recommendations to evaluate certain funding opportunities.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

It's actually within Section 1561, there's a grants program, but there was no authorization for it. But you're correct. The language says the secretary may require.

**Sharon Parrott – Secretary Sebelius – Counselor, Human Services**

Well, I think it is premature to think about. I mean, in terms of, I don't know where we will come out in terms of how we tie standards to funding. I mean, obviously those grants weren't funded, but there's lots of other ways that we fund states. I mean, there are exchange grants, right? There's administrative funding in Medicaid. And so what the department will have to sort through is, with your good guidance, what are the standards we're going to put forward, and then to what extent are those standards binding with respect to funding decisions. And I think those are decisions that are not, I mean, they certainly haven't been made yet.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

Right, but that is exactly what I wanted you to address that there are a variety of mechanisms open to the secretary to promulgate these standards in a binding way. There are options the secretary has in how she may intend to do this or not.

**Sharon Parrott – Secretary Sebelius – Counselor, Human Services**

Right. What I don't know is I don't—I'd have to look at the law more specifically with respect to this, right, because there's one question of does the secretary have the authority to say if you're a state, and you're running the exchange, you have to meet these standards. That's one, but that's actually a different

question than if you want funding from the federal government to do X. Then as a condition of the funding, you have to meet the standards. Those are actually somewhat different legal questions. In practice, they may be the same, right? But they are actually different legal questions, and I'd have to look and have OGC look. Certainly we have lots of flexibility on the funding side. Whether we can say, whether there's an option to say separate and apart from funding, these requirements, I'm not sure.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

Good. That's helpful.

**Kristen Ratcliff – ONC**

Yes, and these are policy decisions that will probably be made after we sort of come up with our final package and send it to David, and he reviews with HHS internally and then gets sent to the secretary. These are probably policy decisions that are a fair ways off.

**Sharon Parrott – Secretary Sebelius – Counselor, Human Services**

I think that's right. I agree with that.

**Kristen Ratcliff – ONC**

Yes.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

Okay. Good.

**Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect**

When all is said and done, what's the answer to this question? If there are 50 exchanges in 50 states, is there 50 sets of source code that have to be written in order to accommodate these standards, and there's no shared code?

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

Hopefully not.

**Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect**

By hopefully not, what does that mean? There's no provision in this to create source code that's executable in 50 states, is there? I keep looking for that, and I don't see it, so I just want to make sure that I have a correct understanding.

**Ronan Rooney – Curam Software – CTO & Cofounder**

I think one of the challenges there is potentially that the rules, if we have sourced or executable code, I mean, the actual rules will vary from state-to-state. At the end of the day, they'll be local programs and local rules that will need to be, you know—

**Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect**

That's why they have a rules engine.

**Kristen Ratcliff – ONC**

Not all states will have a rules engine, I think—

**Ronan Rooney – Curam Software – CTO & Cofounder**

No, but I think, even if you have a rules engine, you can still end up, like in terms of an implementation. That's why I think when we get into executables that the situation changes a bit because you could still

end up. Let's say we have a rule that says if A, then B, well then when I get to my state, I might say, if A and C or J or K, then B.

**Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect**

So the answer to my question is, yes, there will be 50 different source code setups.

**Kristen Ratcliff – ONC**

No, I think the answer is we don't know that at this point because states haven't yet made the decisions on how to implement their exchanges in a lot of cases. But certainly those are policy decisions that are left to the states, and I think that's probably a little bit outside of maybe what we're trying to do here.

**Ronan Rooney – Curam Software – CTO & Cofounder**

And I think just the last point, to your point there, I think it seems to me that an awful lot of states will implement this in different ways, and some of them may implement ... existing systems, and most of those don't have rules engines, so while I don't think there will be 50, but there might be still 20 Cobalt implementations and 4 rules engines and something else. I think that's very hard to be prescriptive about that just at a practical level.

**Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect**

Okay. That was what I was looking for. Thanks.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

I'm going to move us along. We're just a little behind schedule, and we're going to go into the appendices discussion. We're going to start with the updates on Appendix B. Doug, do you want to walk us through the charts that you've presented for NIEM?

**Doug Fridsma – Arizona State – Assoc. Prof. Dept. Biomedical Informatics**

Sure. And I'll try to go quickly since this is appendix material that people can sort of take a look at.

**Kristen Ratcliff – ONC**

Can I just interrupt for one second before you get started?

**Doug Fridsma – Arizona State – Assoc. Prof. Dept. Biomedical Informatics**

Sure.

**Kristen Ratcliff – ONC**

I wanted to point everyone to slide 17, which was kind of the objectives of the preamble and appendices, just so we have a frame of reference for what the goal of the appendices is. The two primary things that we should be looking to do in these appendices are to outline our key assumptions and principles, and then to present options, examples, or best practices in the identified areas without prescribing federal or state policy. And so this kind of goes back to the discussion that we had at our last meeting on the 12<sup>th</sup> where Aneesh was championing the sort of if your state chooses to do X, here are some options for accomplishing that. So we should keep that in mind.

The appendices are not to say we recommend Y. It's to say if your state chooses to implement X policy, here are some good ways that we think could be effective in achieving that goal. I just want to give everyone that frame of reference and we can now go to you, Doug.

**Stacy Dean – Center Budget & Policy Priorities – Director, Food Stamp Policy**

That's very helpful, but I guess, as we go through the appendix, can we ask or push or constructively challenge why some things ended up in the appendices versus the recommendations?

**Kristen Ratcliff – ONC**

I think so. It's open for discussion, but again, you know, as Paul cautioned earlier, to the extent that we are making significant changes to the recommendations, we should be mindful that that will require us to go in front of the policy committee again.

**Stacy Dean – Center Budget & Policy Priorities – Director, Food Stamp Policy**

Fair enough. There are one or two things that I was surprised dropped from recommendation status to appendix status. I'll just bring up later.

**Kristen Ratcliff – ONC**

Sure. Great.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

Doug?

**Doug Fridsma – Arizona State – Assoc. Prof. Dept. Biomedical Informatics**

Okay. Let's go to the next slide. I'm just going to give you just kind of a brief update, in following along with what Kristen's suggestion was. This is an effort to sort of tell people a little bit about how we're going about the process, what our underlying assumptions are that we're working from. There are some more detailed technical slides that I've sort of eliminated from this presentation, but I just wanted to very briefly kind of go through the diagrams and the use cases that we've taken a look at.

The first thing is, at the highest level, we're considering six business scenarios in which to base the data elements that we want to be able to take a look at, and so we've got three actors that we're considering. There's the applicant who will put in the information or that will be supplying information into the system. There's a state employee, and then there's also sort of a verification system, and we assume that the actors will apply for state benefits, and they'll receive eligibility notification. That the state employees will sort of submit query messages to verify applicant information.

They'll work to determine applicant eligibility, and that they will notify the applicant of eligibility, and that the verification systems will send query results with the applicant information, and there's a connection between the way in which the state employees are working and the verification system. The verification systems, we are assuming, include the list that's there in the box, the IRS, the Department of Homeland Security, Social Security, electronic verification, public assistance, reporting information system, and IVES.

Next slide: The next level down is to sort of think about how all these pieces fit together, and so the thing is that when we have use case that is, for example, submitting the query message to verify an applicant information, that's going to be associated with three different things. It's going to be associated with the business rules. It's going to be associated with what we call our domain model, which is the data elements that we need to have. And then it's also going to be associated with what we call functional requirements. Those are the sorts of services that need to be available, and that includes things like being able to electronically match information, to be able to reuse stored eligibility information or to be able to apply, recertify, or manage eligibility information.

And so as we sort of construct how all the pieces fit together, we have a particular use case. It's connected to our domain model that contains data elements. It's connected to business rules that contain

how all those pieces fit together, and it is connected to the functional requirements as well, and these are very high-level views. As we drill down, we get additional detail, and I'm not going to include all that detail, but just to give you a sense about how we're approaching this using that NIEM process to organize all the information.

Next slide: As we go down even further, this is an example of what we collect or what we model within the domain model. For example, an enrollment application form will have things like date of birth, social security number, ethnicity, race, all of those data elements that we were sort of talking about in terms of the elements that were recommended, and that, on that enrollment application form, there's a person's name, and there's a variety of different ways: full name, given name, middle name, and last name. Income information, household composition, primary care provider, some alternative names like maiden name, and then things like address. And so what we do within the NIEM process is we start at those high-level around the use cases. We drill that down into the various components, which are the business rules, the data elements, and the service description. Then, for example, here we drill that down even further when we're talking about the data elements that need to be included.

Next slide: Where we are now, we have a straw man that's been created. We need to make sure that we validate these with state systems, and we need to make sure that we leverage existing standards based definitions for the majority of the data elements. So again, we have sort of this one-third, one-third, one-third. We've got some that are quite clear that we have clear definitions, and it's shared across different state systems, others that will require a little bit of work, and then some that are going to require a significant additional effort, for example income, household composition, legal status, and citizenship.

We are taking the advice of this group to include data elements or data types and implementation formats, i.e. the data length so that we have that level of detail. We're going to continue to work on documenting our services and creating the models that are very specific to the implementations. And, at the end of the day, what we hope to have is an information exchange package description or this IEPD that will include all the information that includes our data, our services, our business rules, and at the level of an implementation format. And so that's kind of where we are right now. Obviously we haven't had a chance to complete a lot of the work that was recommended last week, but we're continuing to move forward and getting the specificity that was recommended from this group.

**Steve Fletcher – State of Utah – Chief Information Officer**

How are you intending to validate the artifacts with the state systems?

**Doug Fridsma – Arizona State – Assoc. Prof. Dept. Biomedical Informatics**

Well, I think, in part, we need to make sure that our definitions match. We've only looked at a couple of different states at this point. I think we need to broaden it a little bit further with that. Again, we'll come up based on our initial assessment with the data descriptions, the information that we have around the services. I think the business rules is right now just a bucket that we're going to have to wait until the business rule group has a little bit more information. But that's sort of that first level is to make sure that what we've assumed at this point, based on our preliminary assessment, is generalizable across the other state systems. I don't know. Steve, do you want to say anything more about that?

**Steve Fletcher – State of Utah – Chief Information Officer**

No, no. I totally agree with that, and I think that that's a great place to start. I was just wanting to see how you're going about validating that and getting the states involved. And if there was some assistance you wanted in order to go forward, I'd be happy to try and provide some of that.

**Doug Fridsma – Arizona State – Assoc. Prof. Dept. Biomedical Informatics**

No, I think that that would be tremendous. I think part of what we want to do is to make sure that the kinds of artifacts that we come up with just make sense and that they've been examined and validated with the states, the people that are actually doing the work. We want to make sure that we do have that closed loop, and that we make sure that we're not going off and creating things that really aren't going to be useful to the states.

**Bobbie Wilbur – Social Interest Solutions – Co-Director**

Going back to your use case on slide one, that is not consistent with the use case that we were talking about as a group at the very beginning of the workgroup sessions whereby the applicant themselves is actually receiving verification data, and through the consumer mediated approach being that data ... your model, the applicant never sees the verification data.

**Doug Fridsma – Arizona State – Assoc. Prof. Dept. Biomedical Informatics**

Maybe we need to update that and just double check to make sure that it matches those use cases that were developed early on.

**Bobbie Wilbur – Social Interest Solutions – Co-Director**

That would be great. I just think there's another line there.

**Doug Fridsma – Arizona State – Assoc. Prof. Dept. Biomedical Informatics**

I'll take that as an action item.

**Kristen Ratcliff – ONC**

Bobbie, is it inconsistent, or is it just not clear that they will see their data?

**Bobbie Wilbur – Social Interest Solutions – Co-Director**

Well, at least as the use case model is presented, it does not. It is inconsistent.

**Kristen Ratcliff – ONC**

Which specific aspect is inconsistent?

**Bobbie Wilbur – Social Interest Solutions – Co-Director**

The role of the applicant in this does not have them managing their verification data. It has the state doing that. It's on slide one.

**Kristen Ratcliff – ONC**

Yes.

**Bobbie Wilbur – Social Interest Solutions – Co-Director**

So it does not have consumer mediated constructs. We can talk about it offline.

**Kristen Ratcliff – ONC**

Yes.

**Doug Fridsma – Arizona State – Assoc. Prof. Dept. Biomedical Informatics**

We'll take a look at that and make sure that it's consistent. It certainly says apply and receive, but what you're saying is that there's also a use case, which is sort of managing that information and making sure that it can be updated or deleted or changed by the consumer.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

That's correct.

**Bobbie Wilbur – Social Interest Solutions – Co-Director**

Exactly, and the other part of it is, Doug, the piece that's really critical there is that the point in time verification, in other words, the automated systems may verify certain data and may be old. The applicant's situation has changed. Therefore, they have to provide point in time verifications that have to come from the consumer. And the only way that can happen is if they know that the verifications have older data.

**Doug Fridsma – Arizona State – Assoc. Prof. Dept. Biomedical Informatics**

Okay. So we should go back and revisit those and make sure that those match some of the early use cases.

**Bobbie Wilbur – Social Interest Solutions – Co-Director**

Thanks, Doug, and I'm happy to help, and I think we're sending you some stuff that may also help, Doug.

**Doug Fridsma – Arizona State – Assoc. Prof. Dept. Biomedical Informatics**

That'd be great.

**Ronan Rooney – Curam Software – CTO & Cofounder**

I think we've probably been through this a number of times, both in terms of developing a product and also in terms of the implementation, so we'd obviously be glad to help. I think we can help short circuit some of the journey.

**Doug Fridsma – Arizona State – Assoc. Prof. Dept. Biomedical Informatics**

Okay.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

And it's your intention, I assume, to do a narrative as well for the appendix?

**Doug Fridsma – Arizona State – Assoc. Prof. Dept. Biomedical Informatics**

Yes. Absolutely. I'm just sort of showing some of the artifacts that we've constructed. Obviously there has to be some narrative associated with it. I hope someone is taking notes, and all those people that have volunteered.

**Sue Kaufman – Urban Medical Group – Executive Director**

I guess I had a question also related to this first slide as to how, if it were, say, a provider system or a consumer assistance organization system, advocate organization or consumer assistance organization system, how that would relate to the applicant, the state employee, and the verification. And I think it relates to the question about this not being, I mean, I think some of my confusion relates to Bobbie's point.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

What I think, without sort of getting, trying to fix that on this particular call, let's take that as an action item to make sure that we've got consistency in the use cases and the business scenarios that we have, and then be able to articulate that clearly, not only with the diagrams, but with the narrative. And maybe the group of folks that have volunteered to provide some support can serve as that initial group to review that.

**Beth Morrow – The Children's Partnership – Staff Attorney**

About slide one also, I'm wondering with the list of verification systems, you know, it's by having the narrow list, I'm worried that it's going to close off other potential uses for data, for instance other public programs, and the various different data matching expectations set out by 1413. I wonder, can we say includes at a minimum?

**Doug Fridsma – Arizona State – Assoc. Prof. Dept. Biomedical Informatics**

This is certainly not complete. So if there's any suggestion that these are the only possible business scenarios out there, there's no intention of sort of suggesting there are no other kinds of use cases for which this data could be used.

**Beth Morrow – The Children's Partnership – Staff Attorney**

Okay. Well, I think we ought to—

**Doug Fridsma – Arizona State – Assoc. Prof. Dept. Biomedical Informatics**

I think we need sort of a scope to begin and then be able to move beyond that once we've got those initial sets taken care of.

**Kristen Ratcliff – ONC**

Yes. I would say that it's probably—I mean, I think we all recognize that there are other verifications that are being done by states outside of these sources. But I think that, to the extent that we're limiting our recommendations to certain sources, we should also limit the scope of these diagrams to those sources as well, but maybe make clear in the narrative that we aren't in any way suggesting that these are the only verification interfaces that this applies to.

**Beth Morrow – The Children's Partnership – Staff Attorney**

Okay.

**David Molchany – Fairfax County, VA – Deputy County Executive**

You could add Lynn Hadden and I to the list of people that will take a look. We'll be happy to review your stuff.

**Doug Fridsma – Arizona State – Assoc. Prof. Dept. Biomedical Informatics**

Great. Thank you.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

I'm going to suggest that we move on and move back, actually, to discuss Appendix A, the consumer usability section. Kristen, do you want to walk us through?

**Kristen Ratcliff – ONC**

Yes. I can go ahead and do that, and so before we start, the goal of these slides was just to capture, and we have sort of a working draft of each appendix, except for the one that we are going to add for the health plans group.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

Draft narrative, you mean.

**Kristen Ratcliff – ONC**

Draft narrative, yes. So we tried to capture in these slides sort of the key concepts, and we're looking for input from the group on other concepts that need to be included in the appendix, and I think that we have already seen some of those on the call today. I'll just go ahead and start on slide 19 to address quickly.

This was not on the agenda, but to address quickly the preamble, which we received some great input from Terri Shaw, and I don't know if she's on the phone today, but we received great information from her sort of to incorporate the consumer usability piece.

The preamble will include two main concepts. First it will include the workgroup charge from 1561 as sort of an introduction. Then on slide 21, you can see the consumer usability information currently included in the preamble. So there are really two main concepts: First, a consumer mediated, online approach that provides for universal usability and strong privacy protections shall serve as the foundation upon which the recommendations and protocols herein are offered.

And then second concept is to insure consumers are able to make informed choices regarding health insurance coverage and other human service eligibility, manage ongoing enrollments, and determine appropriate uses for personal information. Online systems should include strong privacy and security protections, state of the art public interfaces, opportunities for assistance of navigators or other assistors, and seamless interoperability from a slew of programs here. Then we will have a separate Appendix A on consumer usability, but I'll stop here and see if anyone things that additional subjects should be touched upon in the preamble.

I think that we will also include on the recommendation of some here at HHS sort of that other guidance or regulations coming out and the exchange of ACA could impact these recommendations and just kind of acknowledge that there will be other activity occurring in this space with regards to the exchange. Does anyone have any sort of objection to that inclusion?

**Ronan Rooney – Curam Software – CTO & Cofounder**

I think that sounds good. I think one suggestion, I can send you all some text, if you like, but I think, and as we go on to the appendix, I think it's probably important to say that we want to support the consumers, but also the agency workers and partners who are also going to be involved in the process, so there won't be a single channel, I guess, at the end of the day.

**Kristen Ratcliff – ONC**

Great suggestion. If you want to draft—

**Ronan Rooney – Curam Software – CTO & Cofounder**

Yes, I'll shoot you over a paragraph.

**Kristen Ratcliff – ONC**

Sounds good.

**Bobbie Wilbur – Social Interest Solutions – Co-Director**

Kristen, this is just a process question. Is the workgroup going to see the draft of kind of the Word document draft?

**Kristen Ratcliff – ONC**

Yes. So I think we should talk more about that at the end, but it sounds like there might be a need for sort of at least business rules, but sort of for the tiger teams to meet once before Friday, and it might be appropriate to circulate the actual narrative drafts to the tiger teams to discuss and add and revise and track changes during those meetings. I don't know what anyone else thinks about that, but that's sort of the conclusion I've come to during this call.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

I think that's really important.

**Kristen Ratcliff – ONC**

Yes.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

I can detect some level of frustration that this process moved very quickly over the last week, and it should just be clear to everyone that ten minutes before the policy committee presentation, when Aneesh and I were presenting, we were told these aren't near final recommendations. These are the final recommendations. And we literally haven't had a chance to have the kind of detailed review that I know everybody would want to have. So we're making some of those changes now, but I definitely agree that the tiger team should see the narrative, particularly, and we'll get to Stacy's question in a minute about what's the rationale for moving something from recommendations to the appendices. But I wanted everybody to feel comfortable that they've had input and that this product that we are producing collectively here, that there's consistency across it and that everybody feels comfortable with the process used to get to the final recommendations and the appendices.

**Kristen Ratcliff – ONC**

Yes.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

Let's move. Are we ready to move off of Appendix A, the consumer usability piece, or are there other questions? Stacy, did you have questions in this one?

**Kristen Ratcliff – ONC**

We just discussed the preamble, so now we have to discuss Appendix A.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

The actual appendix, okay.

**Stacy Dean – Center Budget & Policy Priorities – Director, Food Stamp Policy**

I just had a quick comment. I loved that you guys included for universal usability because I do think that's a very significant issue with the current online tools and applications out there that, in general, there's not particular universal usability. We don't really articulate any particular—oh, I guess on the next page you talk about some language, language accessibility issues there, and it may not be in our – I hope the text of the preamble can try to explain a little bit more what we mean by that.

**Kristen Ratcliff – ONC**

Yes, and since the preamble doesn't clearly fall within any tiger team, if there's a group of people who want to volunteer to sort of wordsmith that section and make sure that it really covers all of the points, we'll be happy to send it off and can work on it.

**Stacy Dean – Center Budget & Policy Priorities – Director, Food Stamp Policy**

Yes, I'm happy to help on that.

**W**

...reflecting Terri's comments. It probably would be good if you could be part of that.

**Beth Morrow – The Children's Partnership – Staff Attorney**

Yes. That's great.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

Could we have Beth and Stacy be the team that works with Kristen on this?

**W**

That sounds good.

**Deborah Bachrach – Bachrach Health Strategies – President**

Could I jump in on this also?

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

Deborah, absolutely.

**Beth Morrow – The Children’s Partnership – Staff Attorney**

Good.

**Kristen Ratcliff – ONC**

Yes. Okay. All right. So Appendix A sort of expands on the consumer usability. Again, this was taken from sort of Terri’s cut at the appendix. The first sort of concept here was that we should encourage state and federal regulators to enable and incentivize the development of reference applications that demonstrate or test consumer friendly features.

There was a list of sample consumer friendly features here. I don’t necessarily know that it’s meant to be all-inclusive, and certainly there are any others that people feel should be on the list, we can do that. But just sort of the first cut of these features were providing information in languages other than English at an appropriate literacy level, assisting consumers in understanding their rights, and meaningfully choosing among the available options, guiding consumers through the application process in a manner that supports sufficient data entry, enabling consumers to store data for reuse and renewal, and view, print, save, or export the data. Enabling consumers to interact with the interface from multiple locations and settings over time without having to reenter data or restart the process, and that includes consumer communication tools like e-mail, text, online dashboards, or chat.

**Sharon Parrott – Secretary Sebelius – Counselor, Human Services**

I’m just wondering. The one thing that feels like it’s noticeably absent to me is disability, accessibility. I know there are different standards and there’s some work adjusted, and I’m not suggesting we should come down at a standard necessarily. I mean, there’s 508, but then there are some other standards, and I’m not an expert, but it feels like we should be saying something about accessibility on the disability side.

**Kristen Ratcliff – ONC**

Great. I definitely agree.

**W**

Kristen, just do you know, the universal access stuff, that is what that’s addressing, so we probably just need to make sure it’s pulled down into this context as well.

**W**

Right, we can work on giving an example like connect with ... technologies or something like that.

**Kristen Ratcliff – ONC**

Great.

**Ronan Rooney – Curam Software – CTO & Cofounder**

Obviously we'd be happy to help out on that usability one. I sent you some text there, but we're happy to contribute on that one.

**Kristen Ratcliff – ONC**

All right, so we might include maybe the same group that's looking at the preamble and add Ronan to that list to review this particular appendix?

**Ronan Rooney – Curam Software – CTO & Cofounder**

Yes. Okay.

**Kristen Ratcliff – ONC**

That was the first concept that we have represented in the draft. The second concept is on slide 24. One key to insuring a positive consumer experience is providing the option for human assistance in all aspects of the process, seamless third party assistance from community-based organizations, healthcare providers, navigators, and family members. And then there are some examples of what functions these assistants could fulfill, and then also an automated rules-based process to trigger requests for additional input from the applicant or a caseworker. I think that this was something that was discussed during some of the tiger team calls as well. Any comment on this particular slide?

**Sharon Parrott – Secretary Sebelius – Counselor, Human Services**

I guess one question I have is, at the top you're talking about providing an opportunity for human assistance. Then we talk about third party assistance. I guess the question I have is, was there a discussion about states? I don't know what caseworker or eligibility worker or how you would talk about it in the current context. Maybe they'll have a different name. But it seems to me that we would likely want to make sure that people had access to a human being, not just a third party human being, but a state employee human being, right?

**Kristen Ratcliff – ONC**

I think that's mentioned in the slide before, but I agree. The default option shouldn't be to seek help from a nonprofit if you're struggling. It should be to seek help from the exchange or the state. So maybe we just need to add some language to clarify that.

**Sharon Parrott – Secretary Sebelius – Counselor, Human Services**

Yes.

**Kristen Ratcliff – ONC**

Then the last slide in this section is slide 25, the consumer experience will be greatly enhanced by seamless interoperability between systems that support the public interface and existing federal and state systems, e.g. legacy systems, systems used to obtain and verify eligibility data, systems used to administer other health and human services programs, systems used to help educate consumers about coverage options, and systems designed to help consumers use their health coverage to obtain high quality healthcare and managed health. Any comments on this slide?

**M**

What does that actually mean?

**Kristen Ratcliff – ONC**

I think the gist of this slide is that all of the systems should work together, so that it's sort of the no wrong door approach.

**M**

When you say systems, do you mean the backend or the consumer front end?

**Kristen Ratcliff – ONC**

I think both. I mean, I think at least the backend, if not the front end, but certainly, if anyone else has any ideas on that.

**M**

Well, I just don't want to push us into a situation in which we are expressing a goal that becomes lowest common denominator that we can't have innovative things because they don't, you know, if you assist on everything working together with everything that's ever existed, whatever you create will be awful.

**Wilfried Schobeiri – InTake1**

What if we change systems to agencies?

**M**

Love it.

**Wilfried Schobeiri – InTake1**

I figure that would clarify quite a bit.

**Kristen Ratcliff – ONC**

Anyone else have any comment?

**Deborah Bachrach – Bachrach Health Strategies – President**

I don't think agencies is actually correct.

**Bobbie Wilbur – Social Interest Solutions – Co-Director**

I don't either. I agree with Deborah. I think that would be problematic.

**Deborah Bachrach – Bachrach Health Strategies – President**

Yes. It's not what we're looking to achieve.

**Bobbie Wilbur – Social Interest Solutions – Co-Director**

No, and I do appreciate the concept that we have an issue with regard to lowest common denominator, but we do have a 2014 issue, and not all these systems will be replaced. We have to talk to them. So it's sort of a balance between what you can do in 2014 and what you can do in the future. I don't know, Kristen, if there's a way to kind of describe this is our started point versus this is our endpoint.

**Deborah Bachrach – Bachrach Health Strategies – President**

So we say seamless interoperability over time? I mean, because I can see some of these. The first one has to be in place in 2014. That's a requirement of the ACA, as is the second one. Well, it's relative.

**Oren Michels – Mashery – CEO**

I think of the goal, it's hard to say that the goal would be to have anything less than seamless interoperability. Whether it's achievable or not, I think, is separate from the recommendation. I think, as

an objective, it seems sensible to me. I'm not sure that it would look right if we put in something that says we'd like something close to seamless.

**Deborah Bachrach – Bachrach Health Strategies – President**

Yes. No, I don't. I think it should be. I agree with Oren. It should be seamless, but I want to be careful that we understand that the legacy systems aren't all going to change by 2014.

**Oren Michels – Mashery – CEO**

No, they're not.

**Bobbie Wilbur – Social Interest Solutions – Co-Director**

But we're not asking them to change. We're asking them to interface with each other, so depending on wherever a consumer comes in that their transactions get handled in a similar way, correct?

**Deborah Bachrach – Bachrach Health Strategies – President**

That's correct. I'm just reacting to Oren's comment about that that would take you to the lowest common denominator.

**W**

I'm mean, I'll say this, I said this a million times, but states will be hard pressed to get Medicaid, CHIP, and the exchange plans interfacing by 2014, much less than interfacing with social services programs. And while it may be a goal, there are many states, perhaps even the majority, that will have a hard enough time just getting interface among health insurance programs.

**Kristen Ratcliff – ONC**

So perhaps— Go ahead.

**Ronan Rooney – Curam Software – CTO & Cofounder**

I think one of the issues there though that I think it came up the last day at the public hearing as well was that most of the states actually have integrated Medicaid, SNAP, and TANF systems, so they may have to do all three, if you know what I mean. They may not have the option of making secondary the social assistance programs.

**W**

I actually disagree with that observation. I don't think that most states have functioning integrated systems. Does it really matter whether it's some or all or none? The question is, and I don't—if this speaks to 2014 recommendation, it just makes me a little bit nervous as to what states can accomplish.

**Kristen Ratcliff – ONC**

Is there any way or do we see any way to sort of— I haven't heard any disagreement with the idea that seamless interoperability is the goal.

**M**

Right.

**Kristen Ratcliff – ONC**

So is there any way to sort of wordsmith this and maybe include most or all of the ideas that have been expressed here today to say that agencies and systems should work together to the extent possible and then provide some sort of clarification on a glide path?

**W**

I would reject putting agencies in. I don't think that's our task, and I think that's stepping in the middle of a lot of state politics.

**M**

It sounds like the wording, as it stands, is not bad at all.

**M**

I agree. I think it's fine the way it's written.

**Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect**

I agree. I think it's a great goal, and you could stick real time in there too.

**M**

Yes, I think that you want to make that as a statement. Even if you've not achieved it yet, you still want to have that as a statement.

**Deborah Bachrach – Bachrach Health Strategies – President**

I'm okay with it as written.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

Okay. Let's go with it then.

**Kristen Ratcliff – ONC**

All right. That sums up what we've got for consumer usability. Is there any sort of large concepts that people would like to see represented that is not currently represented other than the suggestions that were already made?

**Sue Kaufman – Urban Medical Group – Executive Director**

I feel like there is kind of a value that's come up a number of times that I'm not sure has been completely captured, and that's timeliness so that the information— I mean, it's everything from consumers being able to submit as much as possible electronically and through verifications to getting—not having gaps in coverage that result from processing lags. That all of it is as much real time and timely from the consumer perspective, recognizing that there's certain—that that's a goal that might not be achieved immediately, but I feel like it's come up in a number of ways in our discussion and maybe could be captured a little more specifically here.

**Kristen Ratcliff – ONC**

Okay.

**Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect**

I think two items: one, the ability to accept paper documentation because otherwise you have to go to the place to get it or to submit it, and that could interrupt the flow. That would be a usability enhancement.

**Sue Kaufman – Urban Medical Group – Executive Director**

Anne, are you saying point in time verifications?

**Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect**

Well, if they need a W-2 Form, if there's some states that need some kind of current documentation.

**Sue Kaufman – Urban Medical Group – Executive Director**

Right. That's what I'm talking about, point in time verifications. Yes.

**Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect**

Okay, and then the other one is just because we know this all isn't going to work on day one seamlessly and all real time, what about a status, you know, keep the customer informed on where they are in the process?

**Kristen Ratcliff – ONC**

That's sort of the messaging component?

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

Anne, are you suggesting that a consumer at any point can submit a query to inquire about their status?

**Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect**

No, or that a status automatically shows up like on their page when they sign in.

**W**

It's the dashboard concept.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

Yes. Anybody object to that?

**Kristen Ratcliff – ONC**

I don't object to it as a concept. But I just think we will, in drafting, need to be mindful that different states will have different technology implementations, so some might have a dashboard, some might not.

**Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect**

Yes, and I wasn't thinking be specific to a dashboard, but at least reflect status.

**Kristen Ratcliff – ONC**

Yes. Then I just had one question about the ability to accept paper documentation. I think that we've heard that that's going to continue to be very important, but to the extent that we were charged with developing electronic standards, I don't know how everyone feels about this, but maybe we could acknowledge that there will still need to be a way to accept paper documentation, but acknowledge that our charge was electronic standards and protocols.

**Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect**

Isn't everything on this appendix above and beyond?

**Kristen Ratcliff – ONC**

I suppose there's that argument, but I think we do need to try in the appendix to stay within sort of the charge that we've been given.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

I think we don't want the appendices to sound like they're unreasonable, and so including, making sure that we make references to point in time is an acknowledgement that while the idea is this other, we're acknowledging that the world is going to continue to work the way it is for a while.

**Kristen Ratcliff – ONC**

Great. Anything else on Appendix A?

**Ronan Rooney – Curam Software – CTO & Co-founder**

It seems to me, as we've gone through that discussion, I think it may be using the phrase consumer centric or consumer centered rather than consumer usability might get across more, I guess, of what the intent is here, you know, that it's a consumer centered process or a consumer centered model because then that would drive things like usability and also drive things like the process, and drive, you know, imply a lot of things whereas consumer usability kind of has more of a connotation of how they actually interact with the software versus the overall process itself.

**Kristen Ratcliff – ONC**

Great. Anything else. Hearing nothing else, so actually just to recap, so we've got sort of Beth working on that, Stacy, Deborah, and Ronan. So we'll get both the preamble and Appendix A out to you to begin sort of further developing, and I can send you a summary of some of the comments that were made today to keep in mind, as you're working on that.

Next is slide 26. We're going to verification interfaces. Slide 27, number one, the following functionalities are critical to insuring that state and local organizations obtain accurate, timely verifications from federal, state, and widely used national data sources, and that includes three bullets that I think we've seen multiple times, conforming to WSI standards and NIEM exchange guidelines, real time, automated verifications, read and write translation Web service.

And then, number two, states should consider implementing a process providing for the digital submission of verification documentation where real time verification does not produce the required information or produces information inconsistent with the consumer's current circumstances. So comments on slide 27, any comments?

**M**

On number one, the read/write translation services to accommodate, this should not just be verification sources and formats, but it also should accommodate different verification applications so that the point of them is that different people will build different consumer applications that do verification, plus the points of the Web services. And I think we should also include here the language we're going to about open API.

**Kristen Ratcliff – ONC**

Anything else? Okay. We will move to slide 28. The same standards set forth in the recommendations can be used to support consumer mediated, real time, automated queries across programs to determine if an applicant is known to eligibility and/or enrollment systems prior to completing any type of application process. I think that this just gets to is Medicaid checking with the exchange to see if a person is already known to the system and, if so, what information has been collected on that person.

**M**

Effort to reduce the number of duplicates.

**Kristen Ratcliff – ONC**

Exactly, and I think, in previous phone calls, we've even discussed sort of the five-year look back with the SNAP program, which would be the concept that's sort of represented here. Any comments? This one is pretty straightforward.

**Sue Kaufman – Urban Medical Group – Executive Director**

Just to be clear, it's not just Medicaid to the exchange. It's exchange to ... I mean, these are all two-way.

**Kristen Ratcliff – ONC**

Yes.

**Cris Ross – LabHub – CIO**

The word “can”, I wonder, is sort of a minor issue, but might be substituted for “should”. There are some other places where “can” is, you know, within control, and this is one that’s not so clearly in control.

**Kristen Ratcliff – ONC**

Yes. I agree. We just need to be clear that these are somewhat—

**Cris Ross – LabHub – CIO**

Aspirational?

**Kristen Ratcliff – ONC**

Yes.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

Well, we were encouraged. Let’s be clear about this. We were encouraged by Aneesh at the last meeting that where we felt more strongly about certain things that we should be clear about that.

**Kristen Ratcliff – ONC**

Yes.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

So I’m not sure if this is one. I think it is. But as we go through these and pick the— Thanks for pointing it out, Cris. There were some things that we felt stronger about than others. We should be clear about that.

**Cris Ross – LabHub – CIO**

I totally understand, and there’s some where the policy direction where the word “can” really makes a lot of sense. This one is saying something about the state of systems, as they exist kind of today and in the future, so it felt like “can” might give the impression that this is within easy grasp, and I’m not sure it is. I’ll drop it at that point, but I think we need to distinguish between where we aspire to things and where we’re making a statement about the state of things.

**Kristen Ratcliff – ONC**

I agree, and I think Sam’s point is well taken that there are certain areas where we should identify where we would like to be a little—

**Cris Ross – LabHub – CIO**

More assertive.

**Kristen Ratcliff – ONC**

Yes. Moving on to slide 29, several best practices can be adopted to facilitate easy exchange of information between programs, disaggregating data by individual rather than household, modifying use, retention, and reuse policies to insure consumer directed reuse of eligibility and enrollment information or

to allow for, I should clarify. And then the third bullet, where practicable, providing for express lane determinations across programs.

**Stacy Dean – Center Budget & Policy Priorities – Director, Food Stamp Policy**

This is the one where I was wondering why it was a best practice versus a recommendation particularly the individual because I'm not sure how verification would functionally work in the area that we're focused on unless it is disaggregated by individual and, unfortunately, many states don't do that.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

Stacy, I agree with you. I'm looking back to the actual recommendation itself, and this would be essentially a clarification paragraph under 2.1.

**Stacy Dean – Center Budget & Policy Priorities – Director, Food Stamp Policy**

Right.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

Whereas, in 2.2, we had an extra paragraph that described what else should be included as a part of recommendation 2.2. It sounds like what you're suggesting is that this potentially could be, and I know we're trying to make these as concise as possible, but you're saying in a sense that in order for 2.1 to work, this section ought to be a clarifying component to it. And is it enough to leave it in the appendices, or should it be brought forward, not as a recommendation necessarily, but as how you implement this recommendation.

**Stacy Dean – Center Budget & Policy Priorities – Director, Food Stamp Policy**

I think I would have been satisfied leaving it in the appendix until I understood the appendix was simply, you know, until the description of what the appendix is meant to represent was. To me, it seems important. I know, for many folks, this will seem so obvious and why does it need to be clarified. It's what states would do. But in many of the states I've visited and worked with, it's not how they're sharing data and, therefore, it's rendered their verification processes or data sharing not particularly usable. So that's why I think it ought to be moved up and be a core component of the recommendation since the appendix isn't intended to clarify or amplify. It's intended to give some suggestions on the recommendations.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

Paul, are you still there? I was going to ask Paul Eggerman to see if we're crossing the line.

**Stacy Dean – Center Budget & Policy Priorities – Director, Food Stamp Policy**

Render a judgment.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

Yes, exactly. Let's take this one. Let's not hold up right now, but there's sympathy on my part for trying to move this in some way into the recommendation because I think it's a critically important component, as you described. And, at a minimum, it should say "should".

**Kristen Ratcliff – ONC**

I think that we will have more leeway sort of in including it in a sentence underneath the recommendation.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

That's ....

**Kristen Ratcliff – ONC**

Yes.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

As opposed to a new recommendation.

**Kristen Ratcliff – ONC**

As to a new recommendation, so it could read something of like a critical first step to implementing this recommendation will be disaggregating data by individual rather than household. I don't know if that's the exact language, but something along those lines.

**Beth Morrow – The Children's Partnership – Staff Attorney**

In the referenced express lane, I think it's a little confusing, and the first use of providing for express lane determinations works, but in the parenthesis, the use of the word determination both times I think should say finding because it's referring more to the notion of adjunct of eligibility the way it's written rather than express lane.

**Kristen Ratcliff – ONC**

So just switch the words, a terminology change.

**Beth Morrow – The Children's Partnership – Staff Attorney**

Yes. Just change the second and third determination words to the word "finding".

**Kristen Ratcliff – ONC**

Does anyone think that anything else should be added to this best practice list? No?

**M**

A question about how exactly the data is going to be disaggregated. Will there be some sort of set of standards for that? I can see a lot of different states having different ways of storage of that data and, in some cases, not having actually matching data based on the way that they're disaggregating comparable data.

**Kristen Ratcliff – ONC**

Yes, so if program A is disaggregating it in one way and program B is disaggregating it another way.

**M**

Sure, that could be really bad.

**Kristen Ratcliff – ONC**

Yes.

**M**

I think that's going to be a reality. I think, like, trying to share the data across programs, it's hard to get away from some of the program specific requirements of data. I mean, we can probably help identify some of those, but I think that's a reality.

**M**

I think, if we're making that recommendation, we should think about at least hinting on that point because otherwise if you don't, you know, people are just going to do it their own way.

**Kristen Ratcliff – ONC**

Maybe we could include some language that says disaggregating data by individuals rather than household in a consistent manner across programs to insure it can be directed appropriately by the consumer.

**W**

Or, Kristen, even tying it back to the NIEM process that Doug is working on.

**Kristen Ratcliff – ONC**

Okay.

**M**

I also think it's very possible in some cases data is going to be collected at the household level, and so like it won't be physically possible to disaggregate it, so I think we need to say like wherever possible.

**W**

Agreed.

**M**

You know, because.... The other thing, I think, in here in terms of verification that there are concepts in terms of processes around the collection process and, I guess, what you might call the syndication process like as to how that information is shared is a business process in there, and we may want to just reference that.

**Kristen Ratcliff – ONC**

Maybe, again, sort of like we did with the preamble and Appendix A, this is something that the verifications tiger team or maybe a subset of the tiger team, if not the whole tiger team, can sort of work on. Any objections to that?

**M**

Sounds good.

**Kristen Ratcliff – ONC**

The last one for verification interfaces is consumer communication tools are critical to support use and reuse of data, metadata, and associated processes including timely and clear information on process options and next steps. This doesn't really make much sense, but I think we've seen this concept before, and maybe we can wordsmith to make clear that consumer communication tools should be used to convey the appropriate and relevant information in a format preferred by the consumer, so maybe just some clarification of this language that's on this slide.

**Bobbie Wilbur – Social Interest Solutions – Co-Director**

This one keeps getting buried in verifications, but it's really overarching, so I wonder if it should go up into the consumer.

**Kristen Ratcliff – ONC**

The preamble or ...?

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

Into the preamble?

**Bobbie Wilbur – Social Interest Solutions – Co-Director**

No, into the Appendix A, whether we're going to call it consumer centric or consumer usability.

**Kristen Ratcliff – ONC**

Yes. I think a similar concept was sort of— Yes, on slide 23, a similar concept was included under developing reference applications that demonstrate or test consumer friendly features. It's the last bullet, so maybe we just incorporate. Yes, maybe you're right; we just incorporate those concepts.

**Bobbie Wilbur – Social Interest Solutions – Co-Director**

Because it sort of just dangles at the bottom here in verifications, although it's important, but it's more overarching, I think.

**Kristen Ratcliff – ONC**

And one thing that we haven't talked about that should be included in Appendix A, and that we don't really have included now is the relationship of sort of these best practices or concepts with the reference implementation tool because we will need to include, in Appendix A, more detail on how we foresee the reference implementation tool working. So I don't know if anyone had any comments on that, so that we could flush out that idea in this appendix as well.

**W**

I think we probably should.

**Kristen Ratcliff – ONC**

Yes.

**W**

It kind of ties the preamble to the Appendix A a little bit tighter.

**Kristen Ratcliff – ONC**

Yes, and maybe the group can just include some language to sort of flush out that idea and make clear that it's not prescribing a way for states to do things, but it is a tool that they can use in whole or modify or not ....

**W**

...modeling.

**Kristen Ratcliff – ONC**

Yes, modeling. Okay, so that's just something I wanted to throw out there for the group's consideration. But it's 1:00, so I think I'll move along to business rules, unless there are any objections.

Appendix D, business rules, there are three slides here. Slide 32 is really the definition, a three-pronged definition of a business rule, which is a key concept that we've seen over and over, so a business rule is anything that captures and implements business policies and practices, and can be used to enforce policy, make a decision, and/or infer new data from existing data. I don't know that – does anyone have any comments about that? I think that's pretty straightforward. We've discussed it at length.

Then slide 33 are just the sort of business rules objectives that we've seen bringing in the consumer centered idea, as well as supporting consistent expression of rules along a continuum of implementation modalities while being technology neutral, supporting the augmentation of current state systems, accelerating states ability to comply with ACA, supporting integration across systems and programs to support a seamless experience, guiding adoption and utilization of federated core data. Where

necessary and possible, buffer the impact of imperfect information and minimize maintenance, and allow for scalability. I think, within the business rules group, there might just be some rearranging or wordsmithing to these. We've discussed this as well. I'm not sure that all the changes discussed in some of the tiger team meetings got incorporated, but certainly that's something for the tiger team to discuss as well. Any comments?

Then 34 is really where I wanted to have the bulk of the discussion. It's currently written that a clear set of common business rules, which can be implemented and invoked in a shared, central service and/or embedded locally within varying technologies, as needed, may be a key to achieving ACA. I wrote a note down here on the slide that we might want to flush out the detail on the technology options for implementing business rules, so I don't know if anyone has any discussion on that today on things that they would like to see here.

**Ronan Rooney – Curam Software – CTO & Cofounder**

I think probably that the area slide ... recommendation probably describe it in reasonable language, I guess, that we need to make sure we address ... recommendation slide, which is about making it transparent and understandable to the business analyst community and the development community, and that we use a format like W3C ... or whatever so that the federal rules can actually be kind of kept and maintained and reused essentially by states or modified by states depending on what they do with them. But I think the key thing is to have it in a format that's understandable. Secondly, the other point I think that was in the recommendation slide was around the consistent business representation of the rules so they can be understood. And also, there was the last point we made earlier on, which was about making them understandable by the consumer.

**Cris Ross – LabHub – CIO**

I agree with everything Ronan said. The only other detail that we also may have lost from some of the earlier tiger team work was the idea that these rules, as documented in a central way, could then be deployed lots of places. It's implied in this language, but maybe just one line that we could pull from some earlier decks around the business rules could be instantiated as code in a shared service, but they also could be instantiated in the context of existing systems, whichever is more appropriate for a state or federal agency. I think the tiger team could wrap it up pretty quickly.

**Ronan Rooney – Curam Software – CTO & Cofounder**

Yes. Agree.

**Kristen Ratcliff – ONC**

Yes, and I think that what I was getting at when I said more detail on the technology options, I know that we've discussed sort of options you can hand code into legacy systems, run it through a middleware, develop a rules engine. There are all these sorts of options out there, and we might want to just explicitly make that statement for states.

**M**

Exactly right.

**Kristen Ratcliff – ONC**

So I will leave this to the business rules group, and we will send you, like the other groups, we'll send you the draft of what we've got for you to work off of. Is there anything else on business rules that we think we should include that's not currently included? Hearing nothing, we will move to the last appendix. Well, I suppose, should we discuss health plans here, or should we move on to privacy and security, and discuss health plans at the end?

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

Let's do health plans here.

**Kristen Ratcliff – ONC**

There's no slide for health plans because we hadn't originally thought that we would include the discussion, but I think today's conversation makes clear that we should specify in a little more detail what the existing HIPAA standards will be used for. I don't know if Anne or Bobbie, if you want to just throw out sort of your ideas for that appendix here.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

Again, this is, we've changed the name of this to not be health plans, but transmission of enrollment information recommendations.

**Bobbie Wilbur – Social Interest Solutions – Co-Director**

Yes. Anne, do you want me to take a crack?

**Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect**

Go ahead.

**Bobbie Wilbur – Social Interest Solutions – Co-Director**

Yes. So essentially, Kristen, the two points that I got, or it's actually maybe three points, but one is to clarify, you know, just be definitive about what an 834, a 270, a 271 are just so that's clear, so it's clarifying the information on that. And then, as it relates to 270, 271, identify the purpose of that to do enrollment queries transacted or initiated by a consumer. And then, secondly, to consider the possibility of an automated 270, 271 transaction that trolls a person's eligibility to make sure that the exchange is staying current. Anne, did I get it?

**Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect**

Yes. I still struggle a little bit with the first, the middle one from your three that you just listed. And that is an individual's ability to cause the 270, 271. You did say that, right?

**Bobbie Wilbur – Social Interest Solutions – Co-Director**

I did.

**Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect**

And would they come into the exchange, for instance, and say, hey, I want to see if I'm already eligible at BlueCross and BlueShield of South Carolina?

**Bobbie Wilbur – Social Interest Solutions – Co-Director**

What they would be doing is saying, hey, I want to apply for insurance. Before they applied for insurance, there would be a query that would initiate it to make sure that they were not enrolled or whatever before they pushed people with an application in.

**Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect**

Okay. Well, I struggle with that because when I go to the exchange, I'm going to find out. The purpose I'm going is to find out what I'm eligible for, so I may not be eligible for private pay insurance.

**Bobbie Wilbur – Social Interest Solutions – Co-Director**

That's correct.

**Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect**

So the exchange is going to direct me to the proper place. If I am eligible for a private pay insurance, then the question I have is why would an individual ask if they're already eligible?

**Bobbie Wilbur – Social Interest Solutions – Co-Director**

That's definitely true, Anne, on the initial transaction, correct?

**Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect**

On the initial.

**Bobbie Wilbur – Social Interest Solutions – Co-Director**

On the initial, so on a follow up transaction, let's say it's a year later, and I'm doing a renewal. At that point in time, I'm just checking my status. I mean, the system is actually when I'm trying to do an application, and it's not just to a health plan. It's also to Medicaid, to the other programs. It's checking to see, am I already eligible for something before I initiate a transaction.

**Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect**

Let me fine tune that wording for you because the issue becomes, am I sending hundreds of 270, 271's out, because I'd have to do that for each payer.

**Bobbie Wilbur – Social Interest Solutions – Co-Director**

Right.

**Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect**

So I'm thinking that's a little impractical.

**Bobbie Wilbur – Social Interest Solutions – Co-Director**

Right. I think that's impractical too, and I think what I'm trying to do is follow what their current status might indicate, so you're not doing it against hundreds. You're doing it against the ones that are logical.

**Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect**

Isn't it good enough for the member to say they're already enrolled?

**Bobbie Wilbur – Social Interest Solutions – Co-Director**

People don't know that, Anne. That's the issue. We've had a lot of ....

**Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect**

Are they going to know which payer that they may or may not be already enrolled in?

**Bobbie Wilbur – Social Interest Solutions – Co-Director**

Say it again.

**Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect**

Are they going to know which payer they are or are not that they don't know whether they're enrolled in?

**Bobbie Wilbur – Social Interest Solutions – Co-Director**

I'm hoping the exchange would know that, right? That's the status, right, that you're talking about?

**Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect**

Yes.

**Bobbie Wilbur – Social Interest Solutions – Co-Director**

Maybe we need to take this offline, guys, because we're probably driving everybody else nuts.

**Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect**

Yes. That's the only one I have a real issue with because I don't want to get caught in a situation where the exchange or the individual has to ask more than one payer.

**Bobbie Wilbur – Social Interest Solutions – Co-Director**

Right. No, I agree with that too, Anne, so I don't think I'm trying to imply that, so let's talk and make sure we've got it covered.

**Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect**

Okay. But definitely what you said regarding the education on the 834, education on the 270, 271, and certainly whether or not an exchange needs to double-check eligibility, that's what they used the 270 or 271 for, if they already know the payer.

**Kristen Ratcliff – ONC**

Yes, so I think the conclusion we can draw here is that we definitely need an appendix to clarify to ourselves and to others.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

Yes, I think, particularly to clarify to others, you know, these are these standards that are used in the clinical IT world and not really used in the administrative world, so many, many state agencies won't have experience with this.

**Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect**

Yes, and the final one was whether or not there already existed an acknowledgement on the 834. I think we were going to finalize that one.

**Bobbie Wilbur – Social Interest Solutions – Co-Director**

That's right. Did we need clarification on that in the appendix or not because it is a recommendation.

**Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect**

Right, it's in the recommendation, but the question – oh, the question was whether it already existed or not because we were questioning whether we needed it in the recommendation or not. But we felt, in the final go, it was the words were okay to stay in the recommendation, so I retract. I don't think we need it in this.

**Bobbie Wilbur – Social Interest Solutions – Co-Director**

Okay.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

Okay.

**Bobbie Wilbur – Social Interest Solutions – Co-Director**

We've at least got our to-dos.

**Anne Castro – BlueCross BlueShield South Carolina – Chief Design Architect**

Yes.

**Kristen Ratcliff – ONC**

Okay, so Appendix E, we'll move on to Appendix E, privacy and security. We just have three slides here. The first is that sort of the concept of fair information practices that we've seen, and this does include, as Paul was mentioning earlier, the change that was requested by the policy committee to expand the collection limitation concept to collection and use limitation. It just simply states on slide 36 that best practices to address ... include collection and use limitations, data integrity and quality measures, and openness and transparency. I won't read this slide because I think we've all seen it, but I will note that the change in collection and use limitation means that we are now saying that it's a best practice to design systems to collect and use the minimum data necessary.

And then I also incorporated down in data integrity and quality, which I think was discussed on one of the previous calls, the sort of algorithmic approach to cleansing and ranking information, which had previously been in the verification interfaces section and had kind of dropped off. So I thought that that would be a good place to include this here under data integrity and quality. Does anyone have anything on this? I think that the change that was suggested by the policy committee under use limitation is just to make clear that information will be – information collected for eligibility and enrollment determinations or findings will be reused only for eligibility enrollment, other eligibility and enrollment findings.

We will move on to, next, this is also labeled one because it's kind of an extension of the idea expressed under—

**Sharon Parrott – Secretary Sebelius – Counselor, Human Services**

Can I just go back to slide 36 for a second? I think it's right to collect and use the minimum data necessary for eligibility and enrollment determinations consistent with program integrity needs. I mean, in other words, you could have a system. I mean, we can because of the law, but just you can have a system where you ask for very little information, and you don't verify any of it, and you can make an eligibility determination. But the downside is sort of on the program integrity side. So I feel like just a little bit is just the balance there when you talk about the minimum necessary. Others should chime in.

**Kristen Ratcliff – ONC**

So we should sort of wordsmith that a little bit just to make clear that the reuse is consistent with program integrity needs?

**Sharon Parrott – Secretary Sebelius – Counselor, Human Services**

It's not just the reuse; it's the initial, right? I was reacting to the minimum data necessary for an eligibility and enrollment determination. I guess what I'm saying is you want the minimum necessary for an accurate eligibility and enrollment determination, right?

**Kristen Ratcliff – ONC**

Yes.

**W**

Sharon, isn't that sort of implied in how the state sets up their eligibility rules? There are states with a wide range in Medicaid of what they demand for determining eligibility that speaks to and .... I mean, I hear what you're saying, but I don't have any problem with the substance of what you're saying, but I don't think that this bullet undermines that.

**M**

I thought it said ... I'm not looking ... screen ... I thought it just said that we don't use it for enrollment, our eligibility ... wouldn't be the case in the case of .... That's all I'm saying. It wouldn't be for the purpose of eligibility or enrollment.

**Kristen Ratcliff – ONC**

Okay. So perhaps we need to ....

**W**

I guess I'm just mindful of the balance, and I feel like it would be good to be signaling that that balance exists.

**W**

Yes. No, that's fair. Yes.

**W**

Because ... eligibility rules where the rule is very simple, but the level of information you collect is still creating a balance of how much ... your tolerance for risk on inaccurate eligibility determinations. So it's not a big point. I don't feel strongly about it.

**W**

If we can just ... one more ... on it, so one state may have an asset test, and another may not. In one state, the minimum information is knowing what's in your bank account, and the other it's not. That's what I thought it was saying, but you're reading it different. You're seeing something different here.

**W**

Right, because I think— Right. No, and I assume that that was the issue, right? Like don't collect information that isn't a factor of eligibility.

**W**

Right.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

Correct.

**W**

But, right, so I guess I was reacting to the minimum data necessary for a determination, which felt like it was, which could be read like don't collect data that isn't a factor of eligibility or it also could be read as the minimum necessary in terms of verification because verification of the kind of data that you're collecting—

**W**

Right, okay.

**W**

—with respect to the quality or the accuracy of your determination. That's why I was reacting to that.

**W**

So it's more like necessary data as opposed to minimum data necessary.

**Sallie Milam – State of West Virginia – Chief Privacy Officer**

This concept is around the minimum necessary. You only collect. I think what this is trying to say is that you only collect. You only collect the data that is needed for eligibility and enrollment. But I guess I'm thinking back to some of the discussions of the tiger team and the team, privacy and security tiger team actually discussed applying minimum necessary to use, as well as collection, and we couldn't get there. There were some folks on the team that felt that there were balance issues, and they weren't comfortable extending it to use, and that's why we had it just at collections. Although it's my understanding of HIPAA that with the health plan, minimum necessary would legally apply to these sorts of transactions. Nonetheless, the tiger team didn't apply it to use, so I just throw that out there.

**Kristen Ratcliff – ONC**

What I'm hearing maybe is that there's somewhat of a disagreement or different interpretations on what is the minimum necessary. Am I correct? No, yes?

**M**

No, I don't think so. I mean, first of all, let's think about what the concepts are. One concept is simplification, so I read collection and use limitation as a way of simplifying enrollment by only requiring what's minimally necessary for an eligibility determination and for enrollment. Let's start with that. I think that's the intent behind this collection and use, and isn't there language in the ACA that says minimum necessary?

**W**

I'd have to go back and look.

**M**

Not in 1561, but, Bobbie, do you remember?

**Bobbie Wilbur – Social Interest Solutions – Co-Director**

There is, you guys. It is part of the simplification wording in ACA.

**M**

Right. So I view this first part as the way to conform to simplification. The second is the threshold level, which we heard in testimony from at least the three federal agencies that are specified in ACA—Social Security Administration, IRS, and Homeland Security—That they had minimum data elements that were required in order to do their matching. I don't know if Doug is still on the line.

**Doug Fridsma – Arizona State – Assoc. Prof. Dept. Biomedical Informatics**

I'm still here.

**M**

We have a minimum data set that's required to do the match, correct, which you are going to further explore and look at format, etc.?

**Doug Fridsma – Arizona State – Assoc. Prof. Dept. Biomedical Informatics**

That's correct.

**M**

And I think that's what we refer to here. What is the minimum threshold of data, and we go further in the verification sections about how do we insure that those minimum data elements are complete so that we can have a high likelihood of a match. I'm not sure we're saying anything beyond that here.

**Kristen Ratcliff – ONC**

So does that, sort of what you just said, include the idea of an accurate determination?

**M**

Yes. The data match is intended to be inaccurate. That's the discussion we had about why we want to make sure that the field length of data is sufficient so that we don't have truncated fields, which makes it harder to have accurate matches and requires more manual intervention.

**Kristen Ratcliff – ONC**

Sharon, are you onboard with that?

**Sharon Parrott – Secretary Sebelius – Counselor, Human Services**

Yes. It's fine. I was just— That's fine.

**Kristen Ratcliff – ONC**

Okay. Any other comments on slide 36? Slide 37 sort of is a continuation of slide 36 with respect to more detail about the privacy notice. Basically it says the privacy notice should govern the consumer's rights, be provided to the consumer prior to or at the time of collection of information, and clearly indicate all organizations – and there's a typo. Permitted has two T's. But clearly indicate all federal, state, and community organizations that will use data, as well as the uses of that data. Any comments here?

**W**

Do we need to add local?

**Kristen Ratcliff – ONC**

Yes, that's probably a good suggestion. Okay. Anything else? All right. We will move on to slide 38, which is the last in this section. And it says, to facilitate a consumer mediated approach to data sharing, programs are encouraged to provide consumer information to the consumer in a human readable format, enable data to be exported into commonly used software formats, including spreadsheets and text files. Develop separate pathways for download requests from the individual, and download requests via automated processes, acting on the individual's behalf, which I think is sort of the proxy idea that we were discussing earlier, and then limit data use to that specified in the privacy notice unless a consumer consent to additional uses. Any other sort of best practices we want to recommend in this area or any discussion on the ones that are listed here?

**M**

Are we suggesting workflows like OAUTH? I know we mentioned that at the last public hearing.

**Kristen Ratcliff – ONC**

Yes. Is this the appropriate place to do that, or what is the appropriate?

**M**

Well, it would fit under security in the sense of like authorization, and it is definitely consumer mediated and user interface related.

**Kristen Ratcliff – ONC**

Maybe we could include that as an additional like number three under privacy and security sort of examples of standards that are out there that are being commonly used. I think, did we say that it's just getting legs in the public sector, but it already has legs in the private sector?

**W**

To my knowledge, Kristen, it's not used at all in public.

**M**

I think Bryan mentioned that they're rolling it out.

**Kristen Ratcliff – ONC**

That they're implementing.

**W**

Right, but to my knowledge, it's not there, right?

**M**

I suppose.

**Kristen Ratcliff – ONC**

But certainly I think, to the extent that it's becoming widely accepted and is sort of on the cutting edge of standards to recommend sort of a forward looking view might be something to include, so I don't know, Wilfried or Oren, if Oren is still on the phone. Do you guys want to draft up something on that to include?

**Wilfried Schobeiri – InTake1**

Sure.

**Oren Michels – Mashery – CEO**

Do you want to start, Wilfried, and I'll jump in?

**Wilfried Schobeiri – InTake1**

Sounds good.

**Kristen Ratcliff – ONC**

Thanks, guys. I think it's probably something we've discussed at length, and maybe an interesting concept that we can at least put out there for our states to kind of chew on. Any other privacy and security concepts that we should include? No? Hearing nothing, all right, I think that concludes our discussion on the appendices. Unless anyone else has anything to offer, I'll turn it back over to Sam to talk about sort of the next steps.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

Thanks, everyone, for hanging in. We've agreed that we are going to have meetings of each of the tiger teams to review the appendices, and I think Kristen, Judy, and Bobbie, between you all, you will get those scheduled ASAP.

**Judy Sparrow – Office of the National Coordinator – Executive Director**

Right.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

With some expectation about when we will actually have the draft and include all of today's comments. We also agreed that there would be a new preamble team assembled to review the draft of the preamble narrative. The next step is that Aneesh and I intend to present these recommendations, as clarified today, to the HIT Standards Committee on Monday morning, August 30<sup>th</sup>. And then we are scheduled to

have our next conference call on the 31<sup>st</sup>, which I believe we've changed the time, and it's now 1:00 p.m. eastern time. Is that correct, Judy?

**Judy Sparrow – Office of the National Coordinator – Executive Director**

Yes, that's correct. It's 1:00 to 3:00.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

1:00 to 3:00, and what our intentions there will be is to review the conversation that we will have had the day before with the standards committee and to resolve any of the comments that come up there or any other final issues before staff gets to work in putting the recommendations in final form to go to the secretary on the 17<sup>th</sup>. We may have additional tiger team meetings depending on where we are then. Kristen, is it in your mind that we would present on the 30<sup>th</sup> the preamble and appendices, or just the recommendations?

**Kristen Ratcliff – ONC**

I think I will have to check with Farzad and maybe others on what the standard process is, but I think that we should have everything ready to present if necessary to the standards committee. I'm just not sure that they normally review that sort of ....

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

That much material?

**Kristen Ratcliff – ONC**

Yes, that much material, but I can check and make sure.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

Okay. I also just think it's going to be a challenge to get it all done by the 30<sup>th</sup>.

**Kristen Ratcliff – ONC**

Yes, and then we do have a hard deadline on August 31<sup>st</sup> to the extent that others within HHS need to review on the 31<sup>st</sup>, so I don't know that we have much leeway there. We'll just have to do as good as we can.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

Good.

**Kristen Ratcliff – ONC**

Do our best.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

All right. Then we have scheduled, and I believe, Judy, this is an in-person meeting on the 24<sup>th</sup>. Is that correct?

**Judy Sparrow – Office of the National Coordinator – Executive Director**

No, we changed that to be a call.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

Okay, so we have a call scheduled for the 24<sup>th</sup>, and we will let folks know as soon as we can about whether we're going to retain that date.

**Judy Sparrow – Office of the National Coordinator – Executive Director**

Right.

**Kristen Ratcliff – ONC**

Yes, and to add to that, I think, on the 24<sup>th</sup>, we will sort of wrap up our current work on the recommendations, and that will be sort of, you know, the meeting, the first meeting that we have after sort of the September 17<sup>th</sup> deadline. So if anyone also has any ideas on how the group should proceed or what we should be doing beyond these recommendations, please send them to me, and I will make sure to include that as we kind of discuss internally here the workgroup's continuing role.

I do want to just thank everyone. I know Farzad wasn't able to be on the phone today, but I want to thank everyone because this has been, you know, quite a fast and furious process, and so thanks for hanging in, and we really do appreciate sometimes dedicating multiple days out of your week to the workgroup, and I know that it's a strain on your already busy schedule, so I think we've accomplished a lot. And to the extent that we are going to come in early before the 180 day mark really is a testament to your all's dedication to this, so I just want to thank you on behalf of ONC.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

Good. And on behalf of Aneesh and myself, I certainly second that. I think one of the things that we've demonstrated is that sometimes there's a value in having a short timeframe in order to really focus people's attention, so terrific job, everyone, and we still have a couple of weeks to go to get it all done. Thanks for your participation today.

**Judy Sparrow – Office of the National Coordinator – Executive Director**

Wait, Sam. We need to do public comment.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

Public comment. I was going to say, before I did that, though, Judy, I wanted to say that you will send out a schedule in the next day of when all the tiger teams are going to meet.

**Judy Sparrow – Office of the National Coordinator – Executive Director**

I will.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

And as we have done in the past, there can be cross-participation in any of these sessions. Judy, I give it back to you for public comment.

**Judy Sparrow – Office of the National Coordinator – Executive Director**

Operator, could you please alert the public and see if anybody wishes to make a comment to the workgroup?

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

Is there anyone on the line who wishes to offer public comment?

**Operator**

We do not have anyone at this time.

**Judy Sparrow – Office of the National Coordinator – Executive Director**

Thank you, operator. Thank you, everybody.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

Thanks, everyone.

**Kristen Ratcliff – ONC**

Yes. Thanks, guys. Great call.

**Sam Karp – California HealthCare Foundation – Chief Program Officer**

Back on the ... bye.

## **Public Comment Received During the Meeting**

1. Is there going to be a way if a consumer enters an application, that the system verifies the ssn entered and uploads the current information? To not allow someone to change name or SSN.